Election for Monthly Cost-of-Living Adjustment

Form 20 – Revised 02/17/2026

This form must be received by PERS on or before June 1 to be applicable for the following fiscal year. Please print or type in black ink. Completed form should be mailed or faxed to PERS. See bottom of form for contact information.

❶ Benefit Recipient Information – *PERS will automatically update the mailing address on file with the mailing address listed below.*

First Name: _____ MI:_____ Last Name: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Social Security No.: _____E-Mail: _____

Mobile Phone: _____ Other Phone: _____

❷ Retirement Plan – *Select applicable plan.*

☐ Public Employees' Retirement System of Mississippi (PERS) (Tiers 1-4 Only) ☐ Mississippi Highway Safety Patrol Retirement System (MHSPRS)

☐ Supplemental Legislative Retirement Plan (SLRP) ☐ Municipal Retirement Systems (MRS) City: _____

❸ Account Information – *Indicate type of account selected in Section 2. If you receive more than one benefit from a retirement system or plan administered by PERS, you must complete a separate election form for each account.*

☐ Retiree Account ☐ Beneficiary Account

❹ Cost-of-Living Adjustment (COLA) Payment Authorization – Election of a monthly COLA payment is an irrevocable election. Once the method of payment selected here begins, no other option will be available. If no option is selected here, COLA benefits will be paid in a lump sum each December.

Select one.

☐ As a benefit recipient of PERS, SLRP, or MHSPRS, or a Municipal Retirement Systems benefit recipient from Biloxi, Gulfport, or McComb, I elect, upon eligibility, to receive my COLA in 12 equal monthly installments beginning in July of each year.

☐ As a Municipal Retirement Systems benefit recipient from Clinton, Columbus, Greenville, Hattiesburg, Pascagoula, Vicksburg, or Yazoo City, I elect, upon eligibility, to receive my COLA in equal monthly installments beginning in January as follows:

Select one: ☐ Two consecutive months ☐ Three consecutive months ☐ Four consecutive months

☐ Five consecutive months ☐ Six consecutive months

❺ Applicant Authorization and Acknowledgement – *If an authorized representative signs this form, attach a copy of the durable power of attorney, conservatorship or guardianship papers, or other legal documents as proof of authority to sign this form.*

I do hereby acknowledge that I understand the provisions for receiving the Cost-of-Living Adjustment in monthly payments versus an annual lump sum payment. **I understand that by signing this election, my decision cannot be changed**.

Applicant's Signature: _____ Date *mm/dd/ccyy*:_____

Public Employees' Retirement System of Mississippi
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