



Acknowledgement of Veteran's Right to Purchase Service Credit

Form 25A – Revised 12/1/2013

Please print or type in black ink. This form should be completed by an employer upon the return of an employee from a military leave of absence, during which the employee was not reported for retirement purposes. Retain a copy of this form in the employees' personnel file, and mail or fax a copy to PERS. See bottom of form for contact information.

1 Member Information

First Name: _____ MI: _____ Last Name: _____

Social Security No.: _____

2 Retirement Plan – Plans are governmental defined benefit plans qualified under Section 401(a) of the Internal Revenue Code. Select applicable plan.

- Public Employees' Retirement System of Mississippi (PERS)
- Mississippi Highway Safety Patrol Retirement System (MHSPRS)
- Supplemental Legislative Retirement Plan (SLRP)
- Municipal Retirement Systems (MRS) City: _____

3 Member Acknowledgement

I do acknowledge that I have been advised that I am entitled to exercise certain reemployment rights under the Veteran's Reemployment Rights Act or the Uniformed Services Employment and Reemployment Rights Act (USERRA), which include the right to purchase service during my period of absence due to qualified military service. I understand that in order to obtain service credit for the period of absence due to military service, I must make-up any required employee contributions and that my employer must do likewise. The maximum period of qualified service with one employer is a cumulative period not in excess of five years. I also understand that I must make such payments within a period of time beginning with the date of return to employment with the same employer, not exceeding three times the period of qualified military service; but in no case shall I have in excess of five years to make such payments.

A. The period of qualified military service is equal to _____ months based on entry into service on mm/dd/ccyy _____ and discharge from service on mm/dd/ccyy _____.

B. The date of my return to employment with my employer was mm/dd/ccyy _____.

I acknowledge that my right to purchase military service during the period above expires on mm/dd/ccyy _____. (This date is determined by multiplying three times the period of qualified military service determined in section "A" above, not to exceed five years, which is then added to the date shown in section "B" above.)

Member's Signature: _____ Date mm/dd/ccyy: _____

4 Employer Certification – This section must be completed by an authorized employer representative, not the member. Only complete for active members.

Employer Name: _____ Employer No.: _____ - _____

Employer Representative's Name: _____ Employer Representative's Title: _____

Employer Representative's Phone: _____ Fax: _____ E-Mail: _____

As employer representative, I understand that any person who makes a false statement or shall falsify or permit to be falsified any record of a retirement plan administered by PERS in an attempt to defraud the plan may be subject to criminal prosecution. With that understanding, I certify that the above information is true and correct.

Employer's Signature: _____ Date mm/dd/ccyy: _____