



# Pre-Application for Service Retirement Benefits

Form 9A SRVC – Revised 02/11/2026

Member or authorized representative should complete sections 1 – 4 then submit to employer if member is active (still employed with a covered agency) or mail or fax directly to PERS if member is inactive. Please print or type in black ink. See bottom of form for contact information.

**1 Member Information** – To be completed by the member or an authorized representative of the member. Attach a copy of member's birth certificate.

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_ Gender:  M  F  
Social Security No.: \_\_\_\_\_ Birth Date mm/dd/ccyy: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Mobile Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_  
Last Day of Employment mm/dd/ccyy: \_\_\_\_\_ Served active duty in U.S. Armed Forces? If yes, attach a legible Form(s) DD214..  Yes  No

**2 Retirement Plan** – Select applicable plan.

Public Employees' Retirement System of Mississippi (PERS)  Mississippi Highway Safety Patrol Retirement System (MHSPRS)  
 Supplemental Legislative Retirement Plan (SLRP)

**3 Potential Beneficiaries** – For estimate purposes only. Final beneficiary selection made on Form 9S, Service Retirement Application. List people, not entities.

Beneficiary Name	Social Security No.	Birth Date mm/dd/ccyy	Relationship
Primary (List at least one for all options) : _____	_____	_____	_____
Secondary (Option 3 only) : _____	_____	_____	_____

**4 Applicant Authorization** – 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.

Assuming I meet the minimum eligibility requirements, I understand that my effective date of retirement will be no earlier than the first of the month following my termination from employment with all covered employers and receipt of this completed form by PERS. I also understand this form will become null and void if I do not complete and return all required documents to PERS within 90 days following the effective date of retirement established upon filing this form. I understand that retirement means a complete severance from covered employment, including both covered employment and independent contractor employment, and I presently have no intention of returning to employment with a covered employer.

Applicant Signature: \_\_\_\_\_ Date mm/dd/ccyy: \_\_\_\_\_

**5 Employer Certification of Member Information** – To be completed by authorized employer representative.  Original  Revised

Position Held/Job Title: \_\_\_\_\_ Official Hire Date mm/dd/ccyy: \_\_\_\_\_ Official Termination Date mm/dd/ccyy: \_\_\_\_\_

Status (Check all that apply):  Elected Official  Fee Paid Official  Public Safety Employee **No. Contract Months** (School employees only):  12  11  10  9

**Projected Unreported Gross Earnings/Leave Payment/Accumulated Leave** – Project all unreported wages from the month this application is completed through the month the last Wage and Contribution Report will be submitted for this employee. For members who are elected officials and who will receive Elected Official Leave, please attach a listing of all dates of elected service and offices held.

Projected Unreported Gross Earnings Not including leave payment		Leave Payment Not including compensatory leave payments		Lawfully Accumulated Unused, Uncompensated Leave (PERS Tiers 1-4 and MHSPRS Only)
MM/CCYY	Future Earnings	MM/CCYY	Future Earnings	
_____	\$ _____	_____	\$ _____	Unused, uncompensated personal and major medical leave: _____ <input type="checkbox"/> Hours <input type="checkbox"/> Days  Leave accrual rate annually at termination: _____ <input type="checkbox"/> Hours <input type="checkbox"/> Days
_____	\$ _____	_____	\$ _____	
_____	\$ _____	_____	\$ _____	
_____	\$ _____	_____	\$ _____	
_____	\$ _____	_____	\$ _____	
Projected <b>Gross</b> Unreported Leave Payment, if applicable and for not more than 30 days/240 hours: \$ _____				
Lump sum leave payment rate of pay: \$ _____ per <input type="checkbox"/> Hour <b>or</b> <input type="checkbox"/> Day				

**Certification of Increase in Salary or Compensation** – Complete **only** if employee's earnings increased in excess of 8 percent annually during the 24-month period prior to the effective date of retirement. Check all that apply.

I certify that this employee's earnings increase was authorized:  as a result of a position change, or  as provided under State Personnel Board rules, or  under statutory enactment (cite Statutory Provision: \_\_\_\_\_), or  none of the above. I certify that this salary increase  was or  was not provided contingent upon a promise to retire. 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 and that we have no intention of rehiring this employee after his or her retirement.

Employer Name: \_\_\_\_\_ Employer No.: \_\_\_\_\_ - \_\_\_\_\_

Employer Representative's Name: \_\_\_\_\_ Employer Representative's Title: \_\_\_\_\_

Employer Representative's Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Employer Representative's Signature: \_\_\_\_\_ Date mm/dd/ccyy: \_\_\_\_\_