



Pre-Application for Survivor Retirement Benefits

Form 9A SRVR – Revised 06/01/2018

Please print or type in black ink. Mail or fax completed form to PERS. See bottom of form for contact information.

1 Deceased Member Information – To be completed by benefit applicant. Attach a copy of member's birth and death certificates.

First Name: _____ MI: _____ Last Name: _____
Social Security No.: _____ Birth Date mm/dd/ccyy: _____ Date of Death mm/dd/ccyy: _____
Marital Status at Death – Select one. Add date for last three. Single Married Divorced Widowed Effective Date mm/dd/ccyy: _____

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) Municipal Retirement System (MRS) City: _____

3 Family Information – Attach copy of birth certificate for each survivor, marriage certificate for spouse, and separate sheet listing additional children.

Spouse's Full Name	Social Security No.	Birth Date mm/dd/ccyy	Wedding Date mm/dd/ccyy
_____	_____	_____	_____
Dependent Child's Full Name <i>Up to age 19, or 23 if unmarried and a full-time student</i>	Social Security No.	Birth Date mm/dd/ccyy	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4 Applicant Authorization – Attach copy of applicant's birth certificate. 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.

First Name: _____ MI: _____ Last Name: _____ Gender: M F
Social Security No.: _____ Birth Date mm/dd/ccyy: _____ E-Mail: _____
Mailing Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Cellular Home Work Phone: _____ Cellular Home Work
Applicant Signature: _____ Date mm/dd/ccyy: _____

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

Position Held/Job Title: _____ Status (check all that apply) – Elected Official Fee Paid Official Public Safety Employee
Official Hire Date mm/dd/ccyy: _____ Official Termination Date mm/dd/ccyy: _____

I hereby certify that an accident or traumatic event occurred in the performance of duty. Yes No If yes, attach copy of Workers' Compensation Report

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 a deceased member who was an elected official, credit Elected Official Leave by attaching a listing of all dates of elected service and offices held.

Projected Unreported Gross Earnings <i>Not including leave payment.</i>		Leave Payment <i>Not including compensatory leave payments</i>	Lawfully Accumulated Unused, Uncompensated Leave
MM/CCYY	Earnings to be Reported	Projected Gross Unreported Leave Payment, if applicable and for not more than 30 days/240 hours:	Unused, uncompensated personal and major medical leave:
_____	\$ _____	\$ _____	_____ <input type="checkbox"/> Hours <input type="checkbox"/> Days
_____	\$ _____	Lump sum leave payment rate of pay:	Leave accrual rate annually at termination:
_____	\$ _____	\$ _____ per <input type="checkbox"/> Hour or <input type="checkbox"/> Day	_____ <input type="checkbox"/> Hours <input type="checkbox"/> Days

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 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: _____