



County/Municipal Elected Official Reemployment Acknowledgement/Election

Form 9C – Revised 11/17/2017

Please print or type in black ink. A Form 9C, County/Municipal Elected Official Reemployment Acknowledgement/Election, should be submitted each fiscal year (July 1 – June 30) of reemployment. See Regulation 34, Reemployment after Retirement, for rules governing reemployment. Completed form should be mailed or faxed to PERS. See bottom of form for contact information.

1 Retiree Information

First Name: _____ MI: _____ Last Name: _____

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

Social Security No.: _____ E-Mail: _____

Phone: _____ Cellular Home Work Phone: _____ Cellular Home Work

Position/Agency from which Retired: _____ Retirement Date mm/dd/ccyy: _____

2 Annual Retiree Acknowledgement and Election – Please check one.

I hereby acknowledge that I have read, understand, and agree to comply with the provisions for reemployment as an elected municipal or county official as provided by statute and as further clarified in Public Employees' Retirement System of Mississippi (PERS) Board Regulation 34, *Reemployment after Retirement*, which stipulates that, unless I am 62 or older, I must be retired at least 90 days before reemployment or I forfeit my retirement benefit. With that understanding, I make the following annual election in accordance with Miss. Code Ann. §25-11-127 (1972, as amended):

A. I hereby waive all salary or other compensation due me by the below named employer for the below listed period of time for my continuance in elected office or employment or reemployment in elected office. I understand that all salary or other compensation for this annual period of time is being waived and I elect to receive in lieu of such salary or other compensation my service retirement allowance and that no salary or other compensation shall be due or payable thereafter for such services. I understand that I may receive, in addition to my service retirement allowance, any office expense allowance, mileage, or travel expense as may be authorized by any statute of the state of Mississippi.

B. I hereby elect to earn annually, a salary and/or other compensation that will not exceed 25 percent of the final average compensation used in calculating my service retirement allowance. The authorized salary and/or other annual compensation for the position is \$ _____ and my final average compensation at retirement was \$ _____ and I will earn no more than \$ _____ from all PERS-covered employers during the state fiscal year indicated below. I understand that I may receive, in addition to my service retirement allowance, salary, and/or other compensation as may be limited below, any office expense allowance, mileage, or travel expense as may be authorized by any statute of the state of Mississippi.

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

3 Employer Certification – This section should be completed by an authorized employer representative, not the retiree.

I hereby certify that the above-named individual, who is a service retiree receiving benefits from PERS, is employed in the below-named position in accordance with the reemployment provisions as authorized in Miss Code Ann. §25-11-127 (1972, as amended) and in accordance with the provisions of PERS Board Regulation 34, *Reemployment after Retirement*. I understand that the full authorized salary for the position held by the above-named individual during this period of employment will be reported to PERS and that the employer will be required to pay the applicable employer contribution on the full authorized salary. I further 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, and with that understanding, I certify that the below information is true and correct.

Retiree's Position/Job Title: _____ Fiscal Year of Reemployment (July 1 - June 30): _____

Retiree's Hire Date mm/dd/ccyy: _____ Authorized Position Salary: \$ _____ Weekly Monthly Yearly

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: _____