PERS of MISSISSIPPI

Notice of Appeal

Revised 12/1/2013

For PERS Use Only

Case Number: _____

To file an appeal before the PERS Board of Trustees, complete and return this form to PERS Executive Director. Refer to PERS Board Regulation 42 for the rules governing appeals. Please print or type in black ink.

❶ Appealing Party

First Name: _____ MI: _____ Last Name: _____ Gender: ☐ M ☐ F

Social Security No.: _____ Current or Former Employing Agency: _____

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

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

❷ Appealing Party's Attorney or Authorized Representative, if any

First Name: _____ MI: _____ Last Name: _____ Gender: ☐ M ☐ F

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

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

❸ Statement of Basis for Appeal – *State why the Appealing Party views the final administrative decision by the Executive Director or PERS Medical Board to be in error and then state the facts in detail upon which the appeal is taken.*

Attach any documents, exhibits, or supplemental pages to and in support of this Notice of Appeal.

❹ Statement of Relief Requested – *State what the Appealing Party wants as the desired outcome from this appeal of the final administrative decision by the Executive Director or PERS Medical Board.*

Does the Appealing Party request that this hearing be closed to anyone who is not essential to the official conduct of the hearing? ..... ☐ Yes ☐ No

❺ Disability Applicants Only – In signing this form, I acknowledge that I am responsible for submitting all medical information available from my physicians and hospitals considered pertinent to my claim and that I will submit all such information for review by the Disability Appeals Committee (DAC) prior to my hearing. I understand that, at the close of the hearing, unless the DAC specifically requests additional information, the record will be closed by the hearing officer and no additional information will be admitted into the record.

❻ Appealing Party Signature – I hereby certify, to the best of my knowledge, that the above information is correct and complete.

Appealing Party's Signature: _____ Date *mm/dd/ccyy*: _____

Public Employees' Retirement System of Mississippi
429 Mississippi Street, Jackson, MS 39201-1005 800.444.7377 *p* 601.359.3589 *p* 601.359.1027 *f* www.pers.ms.gov

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