



Payment Voucher

Revised 12/1/2013

Please print or type in black ink. Completed form with accompanying payment should be mailed to PERS. See bottom of form for contact information.

1 Benefit Recipient Information

First Name: _____ MI: _____ Last Name: _____

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

Social Security No.: _____ E-Mail: _____

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

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 Systems (MRS) City: _____

3 Repayment Information

Reason for Repayment *Select one.*

Ineligible marital status (MRS only)

Ineligible student

Overpayment of benefits

Payee deceased

Reemployed

Other: _____

Repayment Amount: \$ _____ *Make checks payable to "Public Employees' Retirement System of Mississippi."*