

## Membership Application Form 1 – Revised 07/01/2016

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

First Name:		MI: Last	Name:		Gende	er: 🗆 M 🗆
Provide previous name, if appli	icable. First Name:		MI:	Last Name:		
Social Security No.:	Birth Date	e <i>mm/dd/ccyy</i> :	E-	Mail:		
Mailing Address:			City: _		State: Zi	p:
Phone:	□ Cellular	☐ Home ☐ Work P	hone:		□ Cellular □ Ho	me □ Wor
Have you previously served on	active duty in the U.S. Armo	ed Forces? If yes,	attach Form(s) DD2	214		]Yes □ N
Have you ever been a member	r of the Optional Retirement	Plan (ORP) for Institut	ions of Higher Learni	ing in the State of M	lississippi?	] Yes □ N
Retirement Plan - Plans ar	re governmental defined ben	efit plans qualified unde	er Section 401(a) of th	ne Internal Revenue	Code. Select applicable	plan.
☐ Public Employees' Retireme	ent System of Mississippi (PI	ERS) □ Mississi	ppi Highway Safety	Patrol Retirement S	ystem (MHSPRS)	
☐ Supplemental Legislative Re	etirement Plan (SLRP)					
Family Information – Use	additional Mambarahin Ann	lications if listing mare	than faur danandan	t ahildran Informatio	on in for data mining ato	tuton.
benefits only. Use Form 1B, Be		•	•	Crinaren. Imorriada	on is for determining sta	lulory
Marital Status - Select one. Add	d date for last three. □ S	ingle □ Married □	Divorced □ Widov	ved Effective Date	te <i>mm/dd/ccyy:</i>	
Spouse's Full Name	Social Se	Social Security No.		/dd/ccyy Wed	Iding Date mm/dd/ccyy	Gender
						_
Dependent Child's Full Name 19, or 23 if unmarried and a full-		curity No.	Birth Date mm/	/dd/ccyy Rela	ationship	Gender
19, or 23 ii urimamed and a ruii-						пм пі
<b>Member Certification</b> – If guardianship papers, or other le	•	,	, ,	durable power of a	ttorney, conservatorship	or
				ъ.		
Member's Signature:				Date <i>mm/</i>	/dd/ccyy:	
Employer Certification -	This section must be comp	leted by an authorized	employer representa	ative, not the membe	er.	
Member's Position Held/Job	Title:		Memb	per's Hire Date mm	n/dd/ccyy:	
Member's Status: Elected C	Official: □ Yes □ No	Fee Paid Officia	l: □ Yes □ No	Put	olic Safety Employee: D	]Yes □ N
Employer Name:			Emplo	oyer No.:		
Employer Representative's Nar	me:	Emp	loyer Representative	e's Title:		
Employer Representative's Pho	one:	Fax:		E-Mail:		
				of DEDC Doord of	Tructore Demulation OF	Eligibility o
As employer representative, I of Part-time Employees for State Employees' Retirement System	Retirement Annuity Service					