

ENROLLMENT FORM

Retirement Plan (Check one) PERS MHSPRS SLRP

FOR PERS USE ONLY

Instructions: Please print or type in black ink. See reverse side for filing instructions and other additional information. Mail original to PERS.

MEMBER INFORMATION

SOCIAL SECURITY NUMBER		You must submit a copy of your Social Security card/Tax ID number	
CURRENT NAME FIRST	MI	LAST	
PREVIOUS NAME FIRST (IF APPLICABLE)	MI	LAST	
ADDRESS	HOME TELEPHONE NO ()		
ADDRESS	BUSINESS TELEPHONE NO ()		
ADDRESS	ARE YOU A U.S. CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO		TYPE OF VISA
CITY	STATE	ZIP	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
DATE OF BIRTH (mm/dd/ccyy) / /	CITY OF BIRTH		STATE/COUNTRY OF BIRTH
Are You Currently Receiving Benefits From Any Mississippi PERS Administered System? <input type="checkbox"/> YES <input type="checkbox"/> NO			

FAMILY INFORMATION

Please use additional Enrollment Form(s) if more than 4 dependent children. (This information is required to determine statutory benefits. Note, however, the designation of a beneficiary is on a separate form.) See back of this form for definition of a dependent child.

CURRENT MARITAL STATUS (Check one) add effective date of change mm/dd/ccyy

SINGLE MARRIED / / DIVORCED / / WIDOWED / /

SPOUSE'S NAME	SEX (M/F)	SSN	DATE OF BIRTH (mm/dd/ccyy)
DEPENDENT CHILDREN'S NAME(S)	SEX (M/F)	SSN	DATE OF BIRTH (mm/dd/ccyy)

PREVIOUS MEMBERSHIP INFORMATION (To be completed by member)

HAVE YOU EVER SERVED ON ACTIVE DUTY IN THE ARMED FORCES OF THE UNITED STATES? YES NO
(If yes, please submit Form(s) DD214.)

HAVE YOU PREVIOUSLY SERVED AS AN ELECTED OFFICIAL IN A POSITION COVERED BY PERS? YES NO
If yes, give dates, previous employer(s) and elected position(s) held:

DATE OF FIRST MEMBERSHIP (mm/dd/ccyy) / /	NAME OF PREVIOUS EMPLOYER WITH WHOM YOU WERE A MEMBER
DATE FIRST MEMBERSHIP TERMINATED (mm/dd/ccyy) / /	DATE(S) OF REFUND(S) (IF APPLICABLE mm/dd/ccyy)

MEMBER CERTIFICATION

SIGNATURE OF MEMBER	DATE OF SIGNATURE (mm/dd/ccyy) / /
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CURRENT EMPLOYMENT INFORMATION (To be completed by employer)

DATE EMPLOYED (mm/dd/ccyy)	NAME OF EMPLOYER
CURRENT POSITION OR TITLE	POSITION ELECTED? (Check one) <input type="checkbox"/> YES <input type="checkbox"/> NO
IDENTIFICATION NO	

EMPLOYER CERTIFICATION

I HEREBY CERTIFY THAT EMPLOYMENT IN THIS POSITION MEETS THE ELIGIBILITY REQUIREMENTS OF REGULATION #36. (See reverse side)

AUTHORIZED SIGNATURE	DATE OF SIGNATURE (mm/dd/ccyy) / /
TITLE	TELEPHONE NO ()

ENROLLMENT FORM ADDITIONAL INFORMATION

FILING INSTRUCTIONS

Execute in duplicate: Original to be mailed to the Retirement System - Copy for employer. The employer must sign to certify that the member meets eligibility requirements. Please forward the completed form to the Public Employees' Retirement System within 5 days of the employment date. Complete all items on this form and put N/A where not applicable.

MEMBER INFORMATION - If you do not submit a copy of your social security card with this form, you should forward one to PERS as soon as possible.

FAMILY INFORMATION - If you do not know some of the data requested, leave it blank and forward the missing data to PERS as soon as possible.

DEPENDENT CHILD - A child shall be considered to be a dependent child until marriage, or the attainment of age nineteen (19), whichever comes first; however, this age limitation shall be extended beyond age nineteen (19), but in no event beyond the attainment of age twenty-three (23), as long as the child is a student regularly pursuing a full-time course of resident study or training in an accredited high school, trade school, technical or vocational institute, junior or community college, college, university, or comparable recognized educational institution duly licensed by a state. A student child whose birthday falls during the school year (September 1 through June 30) is considered not to reach age twenty-three (23) until the July 1 following the actual twenty-third birthday. A full-time course of resident study or training means a day or evening non correspondence course that includes school attendance at the rate of at least thirty-six (36) weeks per academic year or other applicable period with a subject load sufficient, if successfully completed, to attain the educational or training objective within the period generally accepted as minimum for completion, by a full-time day student, of the academic or training program concerned. Any child who is physically or mentally incompetent, as adjudged by either a Mississippi court of competent jurisdiction or by the board, shall be considered a dependent for as long as the incompetency exists.

PREVIOUS MEMBERSHIP INFORMATION - The accurate completion of this section will assist PERS staff in ensuring that any previous service credit has been or may be properly credited to your member account at the appropriate time.

REGULATION #36 (Excerpt) - For purposes of eligibility for participation in the Retirement System, a position means any position in which the employee receives compensation for not less than 20 hours per week or a total of 80 hours per month, or in which school personnel receive compensation for half-time or more for the academic year. Except as otherwise provided by law, no creditable service shall be allowed for service when the employee is not paid for at least 20 hours service per week or for a total of 80 hours per month. However, persons employed at an annual or monthly salary to render professional services, or elected or appointed officials compensated on an annual or monthly salary shall be deemed to be full-time employees in a covered position. Persons whose employment is temporary in nature or which is intermittent and who are not employed at least 4 and 1/2 months in a state fiscal year shall not be in a covered position, and shall not be covered by the retirement system. Effective July 1, 1999, any member in a covered position, as defined by Public Employees' Retirement System laws and regulations, who is also employed by another covered agency or political subdivision shall have the earnings of that additional employment reported to the Public Employees' Retirement System regardless of whether the additional employment is sufficient in itself to be a covered position.

Any person whose employment is anticipated to exceed 4 and 1/2 months shall be covered, whether probationary or otherwise.

REGULATION #37 (Excerpt) - Section 25-11-105 II provides that "Students of any state educational institution employed by any agency of the state for temporary, part-time or intermittent work" shall not become members of the Retirement System, any other provisions of Articles 1 and 3 to the contrary notwithstanding.

Any employee having the status of a student who, incidental to such person's status as a student, is employed by the institution being attended, shall be deemed to be in part-time, temporary or intermittent employment and such employment shall not constitute covered employment, except that any active member of PERS who elects to pursue additional education at the institution where employed shall remain an active member, provided such employee continues, without interruption, to be employed in an otherwise covered position. Any person who is employed by any covered agency, other than the educational institution which the person is attending, shall be covered in the same manner as non-students. Any student employed by any covered agency for a period of 4 and 1/2 months or less, i.e. summer employment, is employed on a temporary basis and shall not be covered by the system.

Students employed by any educational institution pursuant to a work study program and who must be full-time students at the institution, are part-time employees and are not in covered service. Student graduate assistants who work while attending the educational institution where they are employed, are part-time or temporary employees and such employment is not covered service. Co-op students shall be considered students regardless of the number of months employed and shall not be eligible for membership.