Reemployment of PERS Service Retiree Certification/Acknowledgement

Form 4B – Revised 8/1/2012

Please print or type in black ink. A Form 4B, Reemployment of PERS Service Retiree Certification/Acknowledgement, should be submitted each fiscal year (July 1 – June 30) of reemployment. ***See www.pers.state.ms.us/pdf/regulations/Reg34.pdf for rules governing reemployment.*** *Completed form should be mailed or faxed to PERS. See bottom of form for contact information.*

❶ 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*: _____

❷ 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 outlined in PERS Board Regulation 34, *Reemployment after Retirement*, which stipulates that I must be retired at least 90 days 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 elect to be employed by a covered employer for a period of time not to exceed one-half of the normal working days or hours for the full-time equivalent position during the state fiscal year indicated in Section 3, and I will receive no more than one-half of the salary in effect for the position at the time of employment. The normal working days or hours for the full–time equivalent position are _____ days or _____ hours and I will work no more than _____ days or _____ hours during the state fiscal year indicated in Section 3. The full-time annual salary authorized for this position is $_____ and I will earn no more than $_____ during the state fiscal year indicated in Section 3.

B. ____ I hereby elect to earn an annual salary that will not exceed 25 percent of the final average compensation used in calculating my service retirement allowance. 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.

If an authorized representative signs this form, attach a copy of the durable power of attorney, conservatorship or guardianship papers, or other legal documents as proof of authority to sign this form.

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

❸ 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 Regulation 34, *Reemployment after Retirement*. I understand that wages earned and paid to the above-named individual during this period of employment will be reported in accordance with reporting requirements prescribed by PERS and **the applicable employer contributions on the wages actually paid must be submitted**. 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*: _____**Termination Date** *mm/dd/ccyy*: _____

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*: _____

Public Employees' Retirement System of Mississippi
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