Reemployment of PERS Service Retiree Certification/Acknowledgement

Form 4B – Revised 05/19/2026

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 Regulation 34,*** **Reemployment after Retirement*****, for rules governing reemployment.*** *Elected officials please use Form 9C,* County/Municipal Elected Official Reemployment Acknowledgement/Election*. 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.: _____ Birth Date *mm/dd/ccyy*: _____ Retirement Date *mm/dd/ccyy*: _____

Personal E-Mail:_____ Mobile Phone:_____ Other Phone: _____

Employer from which Retired: _____ Position Held/Job Title: _____

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 30 days or I forfeit my retirement benefit. I understand that any employee of an educational institution employed on less than a 12-month basis retiring at the end of one school year may not be reemployed in an educational institution any earlier than 30 days after the beginning of the next school year. I also understand that I will gain no additional rights or benefits toward retirement for this employment. With those understandings, 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 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 in Section 3.

C. ____ I hereby elect to earn an annual salary that will not exceed 80 percent of the salary in effect for the position at the time of employment. 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. I understand that this option is not applicable for a retiree serving as a school superintendent, a retiree serving as an administrator at a university or a community or junior college, or a retiree in tiers 4 or 5 who received an actuarial reduction due to early retirement before 30 years of service and before age 65. **The agreement detailing the employment with my new employer is attached.**

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 contributions on the wages actually paid must be submitted. **Options A and B require employer contributions be paid by the employer, and Option C requires the employer to pay both the applicable employee and employer contributions on all earnings.** 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 election above provides the facts upon which the employment is being made, and the information below is true and correct.

Retiree's Position /Job Title: _____ **Fiscal Year of Reemployment** *(July 1 - June 30)*: _____

Retiree Employed through Third Party: ☐ No ☐ Yes **Name of Third Party**: _____

Employer Name: Mississippi University for Women Employer No.: 001 - 037

Employer Representative's Name: Colleen Jernigan Employer Representative's Title: HR Generalist

Employer Representative's Phone: (662) 329-7222 Fax: (662) 241-7616 E-Mail: hrinfo@muw.edu

Employer Representative's Signature:_____ Date *mm/dd/ccyy*: _____