



Non-Covered Employment Acknowledgment

Form 4A – Revised 06/14/2023

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

1 Employee Status

First Name: _____ MI: _____ Last Name: _____ Gender: M F

Is employee currently receiving PERS service retirement benefits? Choose yes or no and follow related instructions.

- Yes – Do not complete form. Instead, complete PERS Form 4B, Reemployment of PERS Retiree Certification/Acknowledgement.
- No – Continue to next question.

Is employee currently employed with a PERS-covered employer other than the employer to be listed in Section 4? Choose yes or no and follow related instructions.

- Yes – Choose type of employee for the employer to be listed in Section 4 and follow related instructions.
 - Temporary or Intermittent Part-Time Employee – Continue to Section 2.
 - Eligible Part-Time Employee (meeting eligibility requirements listed in Section 105 of PERS Board of Trustees Regulation 36 as it relates to dual employment) – Do not complete this form. Instead, complete PERS Form 1, Membership Application.
- No – Continue to Section 2.

2 Employee Information

Social Security No.: _____ Birth Date mm/dd/ccyy: _____ E-Mail: _____

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

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

3 Employee Acknowledgment

I hereby acknowledge that I am not receiving service retirement benefits from PERS and that my employment does not meet the eligibility requirements of PERS Board of Trustees Regulation 25, Eligibility of Part-time Employees for State Retirement Annuity Service Credit, and PERS Board of Trustees Regulation 36, Eligibility for Membership in the Public Employees' Retirement System of Mississippi (PERS), and that I, therefore, am not eligible for coverage for this employment under the provisions of PERS. 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.

Employee's Signature: _____ Date mm/dd/ccyy: _____

4 Employer Certification – This section must be completed by an authorized employer representative, not the employee.

Employee's Position Held/Job Title: _____

Employee's Hire Date mm/dd/ccyy: _____ Employee's Termination Date mm/dd/ccyy: _____

Employer Name: Hattiesburg Public Schools Employer No.: 0032 001

Employer Representative's Name: _____ Employer Representative's Title: _____

Employer Representative's Phone: (601) 582-5078 Fax: (601) 582-2501 E-Mail: payroll@hattiesburgpsd.com

As employer representative, I understand that wages earned and paid to the above-named individual during this period of employment will not be subject to withholding for state retirement. 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. With that understanding, I certify that the above information is true and correct and that employment in this position does not meet the eligibility requirements of PERS Board of Trustees Regulation 25, Eligibility of Part-time Employees for State Retirement Annuity Service Credit, and PERS Board of Trustees Regulation 36, Eligibility for Membership in the Public Employees' Retirement System of Mississippi (PERS).

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