



Member Request for Assistance

Name: _____ Social Security Number (last four digits): _____

Home Telephone: _____ Work Telephone: _____

E-mail Address: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Please send:

Amount of Unused Leave Days: _____

Estimate of benefits Anticipated Retirement Date(s): _____

Please list other requests for information below and PERS will contact you:

Signature: _____ Date: _____

**Please return this completed form to Terri Bennett by April 1, 2022, to have the requested information available for the conference. It should be returned at either of the following:
Fax: (601) 359-1206 or via email at tbennett@pers.ms.gov.**