PERS of MISSISSIPPI

Summary of Wages and Contributions Paid

Form 8-ORP – Revised 6/15/2026

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

❶ Employer Information

Employer Name: _____ Employer No.: 0001 - _____

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

Employer Representative's Phone: _____ Fax: _____ E-Mail: _____

Total No. of Covered-Wage Employees with Vendor Selections: _____ Reporting Period Ending *mm/dd/ccyy*: _____

❷ Contributions Payment Allocations and Adjustments

2A: New Participants *(those initially enrolled in ORP on or after July 1, 2025)* **Number of New:** _____

1. **Total Covered Wages Paid to Employees with Vendor Selections** ..... $ _____
2. **Employer Contributions** *Equals 18.9 percent of 2A1 with 9 percent allocated to Vendor Contribution Payments, 9.7 percent allocated to PERS UAAL Payments, and 0.2 percent allocated to PERS administrative fees* ..... $ _____
3. **Employee Contributions** *Equals 9 percent of 2A1 with all 9 percent allocated to Vendor Contribution Payments* ..... $ _____
4. **Overpayment Adjustments** 📎 *Please attach a letter of explanation* ..... $ _____
5. **Underpayment Adjustments** 📎 *Please attach a letter of explanation* ..... $ _____
6. **Total Contribution Payment** *Equals Total Vendor Contribution Payment plus Total PERS Contribution Payment* **$** _____

2B: Legacy Participants *(those initially enrolled in ORP before July 1, 2025)* **Number of Legacy:** _____

1. **Total Covered Wages Paid to Employees with Vendor Selections** ..... $ _____
2. **Employer Contributions** *Equals 18.9 percent of 2B1 with 14.9 percent allocated to Vendor Contribution Payments, 3.8 percent allocated to PERS UAAL Payments and 0.2 percent allocated to PERS administrative fees* ..... $ _____
3. **Employee Contributions** *Equals 9 percent of 2B1 with all 9 percent allocated to Vendor Contribution Payments* ..... $ _____
4. **Overpayment Adjustments** 📎 *Please attach a letter of explanation* ..... $ _____
5. **Underpayment Adjustments** 📎 *Please attach a letter of explanation* ..... $ _____
6. **Total Contribution Payment** *Equals Total Vendor Contribution Payment plus Total PERS Contribution Payment* **$** _____

2C: Vendors Contribution Payments – From Employees and Employers (*Total vendor contribution payments per participant shall not exceed the federal limitations under Section 415(c)(1)(A) of the Internal Revenue Code.)*

Total Employee - *9 percent of 2A1 and 2B1:* $ _____ **Total Employer -** *9 percent of 2A1 and 14.9 percent of 2B1:* $ _____

Total Employee and Employer: $ _____

2D: Vendor Allocations

			Allocation Adjustments	
Voya	$ _____	(+ / –)	$ _____	
TIAA	$ _____	(+ / –)	$ _____	
Corebridge	$ _____	(+ / –)	$ _____	
Totals	**$** _____		**$** _____	

Total Vendor Contribution Payment **$** _____
Remit the Total Vendor Contribution Payment directly to each vendor as per vendor request.

2E: PERS Contribution Payments – From Employers Only

Accrued Liability Contribution from Employer		$ _____
Administrative Fee Contribution from Employer		$ _____
Adjustments	(+ / –)	$ _____

Total PERS Contribution Payment **$** _____
Remit the Total PERS Contribution Payment to PERS, Attn: Accounting at address on bottom of form

❸ Employer Certification

– I hereby certify that the above wage and contribution information for above-listed agency is true and correct. 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 the information on this document.

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

Public Employees' Retirement System of Mississippi
429 Mississippi Street, Jackson, MS 39201-1005 800.444.7377 601.359.3589 601.359.1025, *fax* www.orp.ms.gov

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