

Mississippi Secretary of State
700 North Street P. O. Box 136, Jackson, MS 39205-0136

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME Public Employees' Retirement System		CONTACT PERSON Davetta Lee	TELEPHONE NUMBER 601-359-9516	
ADDRESS 429 Mississippi Street		CITY Jackson	STATE MS	ZIP 39201
EMAIL dlee@pers.ms.gov	SUBMIT 12/23/2025	Name or number of rule(s): Mississippi Hybrid Defined Contribution Retirement Plan		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal:

Creates the plan document for the Mississippi Hybrid Defined Contribution Retirement Plan as authorized in Section 15 of House Bill 1 during the 2025 Legislative Session. Amended to remove definition of normal retirement age, correct remittance of elective employer contributions, and change unforeseeable emergency language to hardship distribution safe harbors.

Specific legal authority authorizing the promulgation of rule: 25-11-15(6), 25-11-17, 25-11-147

List all rules repealed, amended, or suspended by the proposed rule: NA

ORAL PROCEEDING:

☐ An oral proceeding is scheduled for this rule on Date: _____ Time: _____ Place: _____

X Presently, an oral proceeding is not scheduled on this rule.

If an oral proceeding is not scheduled, an oral proceeding must be held if a written request for an oral proceeding is submitted by a political subdivision, an agency or ten (10) or more persons. The written request should be submitted to the agency contact person at the above address within twenty (20) days after the filing of this notice of proposed rule adoption and should include the name, address, email address, and telephone number of the person(s) making the request; and, if you are an agent or attorney, the name, address, email address, and telephone number of the party or parties you represent. At any time within the twenty-five (25) day public comment period, written submissions including arguments, data, and views on the proposed rule/amendment/repeal may be submitted to the filing agency.

ECONOMIC IMPACT STATEMENT:

X Economic impact statement not required for this rule. ☐ Concise summary of economic impact statement attached.

TEMPORARY RULES

____ Original filing
____ Renewal of effectiveness
To be in effect in ____ days
Effective date:
____ Immediately upon filing
____ Other (specify): _____

PROPOSED ACTION ON RULES

Action proposed:
____ New rule(s)
____ Amendment to existing rule(s)
____ Repeal of existing rule(s)
____ Adoption by reference
Proposed final effective date:
____ 30 days after filing
____ Other (specify): _____

FINAL ACTION ON RULES

Date Proposed Rule Filed 09/03/25

Action taken:

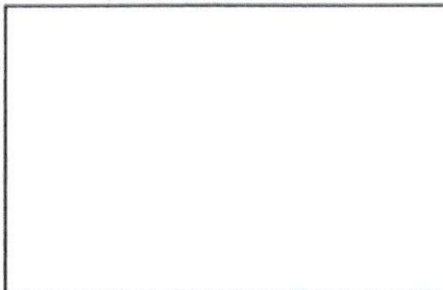
____ Adopted with no changes in text
X Adopted with changes
____ Adopted by reference
____ Withdrawn
____ Repeal adopted as proposed
Effective date:
____ 30 days after filing
X Other (specify): 03/01/2026

Printed name and Title of person authorized to file rules: Davetta Lee, Compliance Counsel

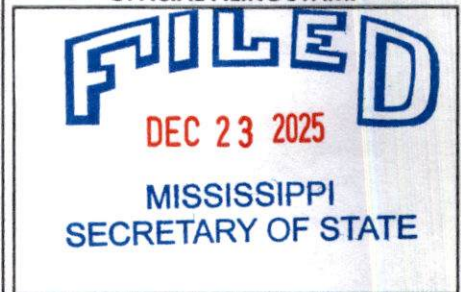
Signature of person authorized to file rules: *Davetta Lee*

OFFICIAL FILING STAMP

Accepted for filing by

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The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.