SOS APA Form 001

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

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME		CONTACT PERSON	TELEPHONE NUMBER	
Public Employees' Retirement System		Davetta Lee	601-359-9516	
ADDRESS		CITY	STATE	ZIP
429 Mississippi Street		Jackson	MS	39201
EMAIL	SUBMIT	Name or number of rule(s):		
dlee@pers.ms.gov	12/23/2025	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List all rules repealed, amended, or suspended by the proposed rule: NA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	PROPOSED ACTION ON RULES	FINAL ACTION ON RULES
_____ Original filing	**Action proposed:**	**Date Proposed Rule Filed** 09/03/25
_____ Renewal of effectiveness	_____ New rule(s)	**Action taken:**
To be in effect in _____ days	_____ Amendment to existing rule(s)	_____ Adopted with no changes in text
Effective date:	_____ Repeal of existing rule(s)	__X__ Adopted with changes
_____ Immediately upon filing	_____ Adoption by reference	_____ Adopted by reference
_____ Other (specify): _____	**Proposed final effective date:**	_____ Withdrawn
	_____ 30 days after filing	_____ Repeal adopted as proposed
	_____ Other (specify): _____	**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 C. Lee

OFFICIAL FILING STAMP	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP	OFFICIAL FILING STAMP
		FILED DEC 23 2025 MISSISSIPPI SECRETARY OF STATE
Accepted for filing by	**Accepted for filing by**	**Accepted for filing by** 28431 13BA

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