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	Jane L. Mapp	601-359-3592	
ADDRESS 429 Mississippi Street	CITY Jackson	STATE MS	ZIP 39201
EMAIL JMapp@pers.ms.gov	SUBMIT DATE 02/29/2012	Name or number of rule(s): Amended Mississippi Deferred Compensation Plan and Trust Document	

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: 1. Add Section 6.7, *Discontinuance of Investment Options*, to include language relative to fund changes and how participant accounts/contributions will be handled when an investment option is terminated. 2. Amend Section 7.5, *Special Tax Exclusion for Qualified Insurance Deductions*, to amend/strike certain language relative to the special tax exclusion for eligible retired public safety officers to conform to current rules prescribed by the Internal Revenue Service. 3. Amend Section 7.6, *Minimum Distribution Rules*, to add required language relative to the 2009 required minimum distribution "holiday."

Specific legal authority authorizing the promulgation of rule: 25-11-15 (6)
List all rules repealed, amended, or suspended by the proposed rule: Amended MS Deferred Comp. Plan and Trust Document

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 _____ Renewal of effectiveness To be in effect in _____ days Effective date: _____ Immediately upon filing _____ Other (specify): _____	**Action proposed:** _____ New rule(s) __X__ Amendment to existing rule(s) _____ Repeal of existing rule(s) _____ Adoption by reference **Proposed final effective date:** _____ 30 days after filing __X__ Other (specify): July 1, 2012	**Date Proposed Rule Filed:** _____ **Action taken:** _____ Adopted with no changes in text _____ Adopted with changes _____ Adopted by reference _____ Withdrawn _____ Repeal adopted as proposed **Effective date:** _____ 30 days after filing _____ Other (specify): _____

Printed name and Title of person authorized to file rules: Jane L. Mapp, Special Assistant Attorney General
Signature of person authorized to file rules: /s/ Jane L. Mapp

OFFICIAL FILING STAMP	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP	OFFICIAL FILING STAMP
Accepted for filing by	Accepted for filing by	Accepted for filing by

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