

# Individual Affidavit for Mississippi Law Enforcement and Fire Fighters Premium Pay Program

State of \_\_\_\_\_

County of \_\_\_\_\_

I, \_\_\_\_\_, of \_\_\_\_\_ [Address] do  
hereby swear under oath that:

1. I am a certified, full-time or part-time law enforcement officer and/or a certified full-time or part-time fire fighter serving in the State of Mississippi, and I was so serving as of July 1, 2022.
2. I have not received hazard pay from the Governor's discretionary funds authorized by the Legislature from the federal Coronavirus Aid, Relief and Economic Security Act.
3. I have not and will not receive premium pay or hazard duty pay related to COVID-19 from any other source of funds, including insurance proceeds.
4. I am in full compliance according to the Board on Law Enforcement Officer Standards and Training and/or the Mississippi Insurance Department.
5. I have completed the required COVID-19 training in order to receive the premium pay.
6. I have read the program summary in full and agree to all of the terms listed, including, but not limited to, the guideline referring to the repayment of misspent funds.

Date \_\_\_\_\_

Officer Signature \_\_\_\_\_

This date personally appeared before me, the undersigned authority, in and for \_\_\_\_\_  
County, State of Mississippi, the above named employee, who, being first duly sworn, state on  
their oath that the above facts are true and correct.

Given under my hand and official seal, this the \_\_\_\_\_ day of \_\_\_\_\_ 2022.

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Notary Public