PERS Form **1C**

CHANGE OF INFORMATION

Retirement Plan (Check one) ☐ PERS ☐ MHSPRS ☐ MRS ☐ SLRP For PERS Use Only

Instructions: Please print or type in black ink. This form must be signed. Please complete the Member Information and Member Authorization sections and only the other sections where changes apply.

MEMBER INFORMATION (Must be completed in all cases)

SOCIAL SECURITY NUMBER	DATE OF BIRTH (mm/dd/ccyy) / /

MEMBERSHIP STATUS

☐ MEMBER ☐ BENEFIT RECIPIENT (RETIREE OR BENEFICIARY)

NAME CHANGE/CORRECTION (Note: Employer certification of name change is required for **active** members to insure consistency in the name used for reporting PERS, Social Security, and W-2 wage information.)

CURRENT NAME FIRST	MI	LAST
PREVIOUS NAME FIRST	MI	LAST

EFFECTIVE DATE OF CHANGE (mm/dd/ccyy) / /

ADDRESS CHANGE/CORRECTION (new mailing address)

ADDRESS	HOME TELEPHONE NO ( )	
ADDRESS	BUSINESS TELEPHONE NO ( )	
CITY	STATE	ZIP CODE

EFFECTIVE DATE OF CHANGE (mm/dd/ccyy) / /

MARITAL STATUS CHANGE/CORRECTION and EFFECTIVE DATE OF CHANGE (mm/dd/ccyy)

☐ MARRIED / / ☐ DIVORCED / / ☐ WIDOWED / /

FAMILY INFORMATION CHANGE/CORRECTION

Please use additional Change Information Form if more than 4 dependent children. (This information is required to determine statutory benefits. Note, however, the designation of a beneficiary is on a separate form.)

SPOUSE NAME	SEX (M/F)	SSN	DATE OF BIRTH (mm/dd/ccyy)
DEPENDENT CHILDREN'S NAME(S)	SEX (M/F)	SSN	DATE OF BIRTH (mm/dd/ccyy)

MEMBER AUTHORIZATION

SIGNATURE OF MEMBER	DATE OF SIGNATURE (mm/dd/ccyy) / /

EMPLOYER CERTIFICATION

I hereby certify that the name change information provided above is consistent with the name used on the employer's records for reporting Social Security and IRS W-2 wage information.

AUTHORIZED SIGNATURE	DATE OF SIGNATURE (mm/dd/ccyy) / /
TITLE	TELEPHONE NUMBER ( )