

Change of Information Form 1C - Revised 8/23/2016

Please print or type in black ink. Active members (currently contributing to PERS) should submit completed form to employer (see Section 6 for details). Inactive members and benefit recipients should submit completed form to PERS. See bottom of form for contact information.

Member/Benefit	Recipient Information	n – Fill in your name as currently i	filed with PERS and use section	ns 2, 3, and 4 to submit new in	formation.
First Name:		MI: Last Name:			nefit Recipient
Social Security No.:		Birth Date	Birth Date mm/dd/ccyy:		der:□M□F
Changes to Mer	nber/Benefit Recipien	t Name and Address - If ne	cessary, check items to be upda	ated then fill in only applicable	information.
To Change	New Information		Effecti	ive Date mm/dd/ccyy:	
Name	First Name:	MI:	Last Name:		
Address	Mailing Address:		City:	State: Zip:	
Changes to Mer	nber/Benefit Recipien	t E-Mail and Phone – If nece	essary, check items to be update	ed then fill in only applicable in	formation.
To Change New Information			Effective Date mm/dd/ccyy:		
E-Mail					
Phone				Cellular 🗆 l	Home □ Work
Phone				□ Cellular □ I	Home □ Work
three dependent chi applicable, to design	ildren. Information is for dete nate any and all beneficiarie	ermining statutory benefits only. U s. If changes to marital status are	se Form 1B, Beneficiary Desigr marked, a copy of a	nation, or Form 16, Advanced A the marriage, divorce, or death	Application, as certificate.
		3			
Spouse's Full Nam	е	Social Security No.	Birth Date mm/dd/ccyy	,	
Dependent Child's Full Name – Up to age 19, or 23 if unmarried and a full-time student		Social Security No.	Birth Date mm/dd/ccyy	Relationship	⊔ M ⊔ F Gender
completion of Section should sign and sub	on 6. Employers will be respondit form directly to PERS, a	onsible for submitting completed f is Section 6 is not applicable to the	orm to PERS, if necessary. Ina cese individuals. () If an autho	ctive members and benefit re prized representative signs this	ecipients
Member/Benefit Rec	cipient's Signature:		[Date mm/dd/ccyy:	
made to sections 3 a by the employer via	and 4 (e-mail, phone numbe monthly wage and contribut	ers, marital status, or family inform tion reports not via this form. This	ation). Changes to Section 2 (n process helps ensure consister	name or address) will be submin ncy in the name used for repon	tted to PERS ting PERS,
Employer Name:			Employer No.:		
Employer Representative's Name:		Emp			
Employer Represent	tative's Phone:	Fax:	E-Mai	l:	
information). I hereb	y certify that any name and	address change information provi	ded above is consistent with the		
Employer Represent	tative's Signature:		[Date <i>mm/dd/ccyy</i> :	
	First Name: Social Security No.: Changes to Mer To Change Name Address Changes to Mer To Change E-Mail Phone Phone Changes to Fan three dependent chi applicable, to design Marital Status – Sele Spouse's Full Name Dependent Child's 19, or 23 if unmarried Member/Benefit Red Employer Certif made to sections 3 is by the employer via Social Security, and Employer Represent Employer Represent Employer Represent Employer Represent Employer's records if the section of the durable of the sections 3 is by the employer via Social Security, and Employer Name: Employer Represent As employer represent Employer's records if the section of the s	Changes to Member/Benefit Recipient To Change	Social Security No.:	Social Security No:	Name