



# 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.

**1 Member/Benefit Recipient Information** – Fill in your name as currently filed with PERS and use sections 2, 3, and 4 to submit new information.

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_  Member  Benefit Recipient  
Social Security No.: \_\_\_\_\_ Birth Date mm/dd/ccyy: \_\_\_\_\_ Gender:  M  F

**2 Changes to Member/Benefit Recipient Name and Address** – If necessary, check items to be updated then fill in only applicable information.

**To Change**                      **New Information**    **Effective Date mm/dd/ccyy:** \_\_\_\_\_  
\_\_\_\_ **Name**                      First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_  
\_\_\_\_ **Address**                      Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**3 Changes to Member/Benefit Recipient E-Mail and Phone** – If necessary, check items to be updated then fill in only applicable information.

**To Change**                      **New Information**    **Effective Date mm/dd/ccyy:** \_\_\_\_\_  
\_\_\_\_ **E-Mail**                      \_\_\_\_\_  
\_\_\_\_ **Phone**                      \_\_\_\_\_  Cellular  Home  Work  
\_\_\_\_ **Phone**                      \_\_\_\_\_  Cellular  Home  Work

**4 Changes to Family Information** – If necessary, list applicable changes below. Use additional Form 1C, Change of Information, if listing more than three dependent children. Information is for determining statutory benefits only. Use Form 1B, Beneficiary Designation, or Form 16, Advanced Application, as applicable, to designate any and all beneficiaries. If changes to marital status are marked, attach a copy of the marriage, divorce, or death certificate.

Marital Status – Select one. Add date for last three.     Single     Married     Divorced     Widowed    **Effective Date mm/dd/ccyy:** \_\_\_\_\_

Spouse's Full Name	Social Security No.	Birth Date mm/dd/ccyy	Wedding Date mm/dd/ccyy	Gender
_____	_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F
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	Gender
_____	_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F
_____	_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F
_____	_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F

**5 Member/Benefit Recipient Certification** – **Active members** (those currently contributing to PERS) should sign and submit form to employer for completion of Section 6. Employers will be responsible for submitting completed form to PERS, if necessary. **Inactive members and benefit recipients** should sign and submit form directly to PERS, as Section 6 is not applicable to these individuals. If an authorized representative signs this form, attach a copy of the durable power of attorney, conservatorship or guardianship papers, or other legal documents as proof of authority to sign this form.

Member/Benefit Recipient's Signature: \_\_\_\_\_ Date mm/dd/ccyy: \_\_\_\_\_

**6 Employer Certification** – Completion of Section 6 and submission of this form to PERS by the employer is only necessary when changes are being made to sections 3 and 4 (e-mail, phone numbers, marital status, or family information). Changes to Section 2 (name or address) will be submitted to PERS by the employer via monthly wage and contribution reports not via this form. This process helps ensure consistency in the name used for reporting PERS, Social Security, and W-2 wage information by the employer. If completion of Section 6 is necessary, an authorized employer representative, must sign.

Employer Name: \_\_\_\_\_ Employer No.: \_\_\_\_\_ - \_\_\_\_\_  
Employer Representative's Name: \_\_\_\_\_ Employer Representative's Title: \_\_\_\_\_  
Employer Representative's Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

As employer representative, I am submitting this form to PERS because changes are being made to Section 3 (e-mail and phone) and/or Section 4 (family information). I hereby certify that any name and address change information provided above is consistent with the active member's name used on the employer's records for reporting PERS, Social Security, and W-2 wage information.

Employer Representative's Signature: \_\_\_\_\_ Date mm/dd/ccyy: \_\_\_\_\_