



Change of Information

Form 1C – Revised 12/1/2013

Please print or type in black ink. Completed form should be mailed or faxed 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 and 3 to submit new information before certifying information in Section 4.

First Name: _____ MI: _____ Last Name: _____ ☐ Member ☐ Benefit Recipient

Social Security No.: _____ Birth Date mm/dd/ccyy: _____ Gender: ☐ M ☐ F

2 Change of Member/Benefit Recipient Information – 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: _____	
____ E-Mail	_____	
____ Phone	_____ <input type="checkbox"/> Cellular <input type="checkbox"/> Home <input type="checkbox"/> Work	
____ Phone	_____ <input type="checkbox"/> Cellular <input type="checkbox"/> Home <input type="checkbox"/> Work	
____ Phone	_____ <input type="checkbox"/> Cellular <input type="checkbox"/> Home <input type="checkbox"/> Work	

3 Change of Family Information – Use additional Form 1C, Change of Information, if listing more than four dependent children. Information is for determining statutory benefits only. Use Form 1B, Beneficiary Designation, to officially 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
_____	_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F

4 Member/Benefit Recipient Certification – **Active members** should sign and submit form to employer for completion of Section 5. 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 5 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: _____

5 Employer Certification – This section must be completed by an authorized employer representative, not the member. Employer certification of name change is required for active members to ensure consistency in the name used for reporting PERS, Social Security, and W-2 wage information. **All employee name and address changes must be entered into WEB-ERS.** Completion of Section 5 and submission to PERS by employers is only necessary when changes are being made to employee phone number(s), e-mail, marital status, or family information.

Employer Name: _____ Employer No.: _____ - _____

Employer Representative's Name: _____ Employer Representative's Title: _____

Employer Representative's Phone: _____ Fax: _____ E-Mail: _____

As employer representative, I certify that the name 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: _____