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 Mailing Address – PO Box 23700, Tigard OR 97281-3700  
 Toll free – 888-320-7377 Fax – 503-598-0561  
 Website – <https://oregon.gov/pers>



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## Information Change Request

This form is for all PERS programs. Call or visit our website if this is not the form you need.

### Section A: Applicant information

First name	MI	Last name	PERS ID
Enter your current phone numbers and personal email address in the fields below. If not already on record, PERS will add or update your records based on the information you provide.			Social Security number (SSN)*
Home phone number	Work phone number	Cell phone number	Personal email

Check applicable boxes in Sections B and C and provide any requested information. Attach the requested proof as needed.

### Section B: Information change

**If you are working for a PERS-participating employer, you must submit Section B changes to your employer(s).**

- Change my Social Security number from \_\_\_\_\_ to \_\_\_\_\_.  
Attach a copy of your Social Security number (e.g., Social Security card, Social Security statement, etc).
- Change my name from \_\_\_\_\_ to \_\_\_\_\_.  
Attach a copy of a legal document showing your current legal name (e.g., drivers license, divorce decree, court order, etc).
- As of this date \_\_\_\_\_, my address will be:

Street/post office box	Apartment no./space no.	
City	State	ZIP code

**Note:** Address will be edited to conform with U.S. Postal Service (USPS) standards. Changing your address will **not automatically change your Oregon state tax withholding information or residency status**. To change your Oregon tax withholding information — especially if you have moved out of state and need to declare you are exempt from Oregon taxes — submit a new [W-4P](#) tax form. If you are a Tier One member and need to update your residency status, submit a new [Residency Status Certification](#) form.

### Section C: Benefit recipient only

If you are currently receiving your benefit by check and are changing your address, your next benefit check after your address change has been processed will be mailed to your new address. If you are currently receiving your benefit by an electronic funds transfer (EFT), your direct deposit will continue unless you request to stop your EFT below.

- Stop my EFT that direct deposits benefits to my bank account. I want benefits paid to me as a paper check mailed to the above address via U.S. Postal Service.
- I am a member of PERS Health Insurance Program (PHIP) and want my contact information updated on my PHIP account. If permanently moving outside of your PHIP plan’s service area, call PHIP at 1-800-768-7377 or visit <https://www.pershealth.com/> for plan availability.
- Send a duplicate copy of my 1099-R for year \_\_\_\_\_  PERS/OPSRP  IAP.

### Section D: Applicant signature (Required)

Signature (do not print)

Date

\*Providing your Social Security number is voluntary. It will be used for confirmation purposes. If you choose not to supply your SSN, it may take PERS staff longer to process your form.

In compliance with the Americans with Disabilities Act, PERS will provide help filling out this form upon request. You may request help by calling toll-free 888-320-7377 or TTY 503-603-7766.

## Verification of Age or Identity

Photocopies of birth-date documents and, if applicable, beneficiary birth-date documents are required before benefits are paid. We will not accept documents that are incomplete, appear to be altered, or **are difficult to read**. If your documents are not accepted, you will need to submit new photocopies. Please include your PERS ID or Social Security number\* on all documents submitted, including beneficiary documents.

<p><b>Group 1</b> If one item in this group is furnished showing birth dates, no further evidence of age is needed. <b>Any ONE of these:</b></p> <ul style="list-style-type: none"> <li>• Copy of Oregon driver’s license or ID card <b>if issued on or after February 4, 2008</b> (current or expired)</li> <li>• Copy of REAL ID driver’s license, driver’s permit, or ID card issued by any state** (current or expired)</li> <li>• Birth verification issued by state, county, or country (documents issued by foreign governments in a language other than English need to include a translation into English certified by a notary public, public agency, or other public official)</li> <li>• American Indian Reservation Age Verification</li> <li>• Infant baptism certificate</li> <li>• Hospital birth certificate (if signed by attending physician or issued by state)</li> <li>• Passport (current or expired)</li> <li>• School-age record</li> <li>• Naturalization or citizenship papers</li> <li>• Family Bible record (if this record is furnished, include the following information certified by a notary public or other public official: copy of all family record entries in the Bible referring to applicant and parents, brothers, and sisters; Bible publication date or apparent age of Bible; when birth date was entered and by whom)</li> </ul>	<p><b>Group 2</b> Two items in this group from different sources are sufficient if age or birth date is shown. <b>Any TWO of these:</b> <b>Example:</b> One child’s birth certificate and one driver’s license</p> <ul style="list-style-type: none"> <li>• A notarized affidavit by an older, immediate family member in a position to know the birth date (e.g., father, mother, etc.)</li> <li>• Certificate of military record</li> <li>• Marriage record (record must show your age or date of birth at time of marriage)</li> <li>• Any other state’s driver’s license or ID card. (must be current)</li> <li>• County voter registration (must show your age or date of birth; do not send in your precinct card)</li> <li>• Copy of child’s birth certificate if it shows age of parents</li> <li>• Social Security record (record must be displayed on an estimate of benefits or screen print from the Social Security office; document must be dated within last 12 months)</li> <li>• Military ID (military record DD214)</li> <li>• Concealed weapons permit</li> </ul>
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- If it is impossible for you to furnish the proof required in Group 1 or 2, write to PERS with a full explanation.
- Since the documents submitted cannot be returned, we suggest using photocopies. If it is illegal to copy a document, bring it in, and PERS will verify the birth information.
- Be sure to put the PERS member’s Social Security number on all documents so they are properly recorded.

\*Providing your Social Security number (SSN) is voluntary. It will be used for confirmation purposes. Failure to supply your SSN may delay the processing of this form.  
\*\*A compliant REAL ID will have a picture of a star, or a star cutout in the upper right-hand corner of the card. In lieu of REAL IDs, some states also have issued “enhanced” driver’s licenses, driver’s permits, or ID cards. Enhanced cards are REAL ID compliant and will bear an American flag emblem and the word “enhanced” on the front of the card.