

Information Change Request

This form is for PERS retirees (including those working for a PERS employer), inactive members, disability recipients, beneficiaries, and alternate payees to submit information changes to PERS. **Active members working for PERS-participating employers: submit information changes to your employer(s).**

Section A: Applicant information

First name	MI	Last name	PERS ID
Any information provided below will be updated in the system of record.			Social Security number (SSN)*
Home phone number	Cell phone number	Personal email (with no spaces)	

*You are not required to enter your Social Security number; however, you are highly encouraged to provide it to enable PERS to confirm your identity.

Section B: Information change (check all boxes that apply)

Send proof of Social Security number and name change with this form by mail, fax, or hand-delivery to the PERS office.

- ☐ Change my Social Security number from _____ to _____.
Submit proof of your Social Security number (e.g., Social Security card or Social Security statement).
- ☐ Change my name from _____ to _____.
Submit a copy of a legal document showing your current legal name (e.g., driver's license, divorce decree, or court order).
- ☐ As of this date _____, my address is/will be:

Mailing address			Apartment, space, unit, or lot number	
City	State or province	Country	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 exemption from Oregon taxes — submit a new [W-4P](#) tax form. If you are a Tier One retiree and need to update your residency status, submit a new [Residency Status Certification](#) form.

Section C: Benefit recipient only (check all boxes that apply)

If you are changing your address and receive your benefits by mail, be aware that it can take up to two weeks to process your address change. If you receive your benefit by electronic funds transfer (EFT), your direct deposit will continue unless you request to stop your EFT by checking the box 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 USPS.
- ☐ I am a member of PERS Health Insurance Program (PHIP) and want my contact information updated on my PHIP account.
Note: If you are moving outside of your plan's service area, call PHIP at 1-800-768-7377 or visit www.pershealth.com/ to check plan availability.
- ☐ I am requesting a duplicate copy of my 1099-R for year _____. ☐ PERS/OPSRP ☐ IAP

Section D: Applicant signature (handwritten signature required; electronic or digital signatures not accepted)

Signature (do not print; must be a handwritten signature)

Date

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 we cannot accept your documents, you will need to submit new photocopies. Please include your PERS ID or Social Security number* on all documents submitted, including beneficiary documents.

Group 1

If one item in this group is furnished showing birth dates, no further evidence of age is needed.

Any ONE of these:

- Copy of Oregon driver's license or ID card **if issued on or after February 4, 2008** (current or expired).
 - Copy of REAL ID driver's license, driver's permit, or ID card issued by any state** (current or expired).
 - Copy of any other state's driver's license or ID card (must be current).
 - Birth verification issued by state, county, or country (documents issued by foreign governments in a language other than English need to include a translation in English certified by a notary public, public agency, or other public official).
 - American Indian Reservation Age Verification.
 - Infant baptism certificate.
 - Hospital birth certificate (if signed by attending physician or issued by state).
 - Passport (current or expired).
 - School-age record.
 - Naturalization or citizenship papers.
 - 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; and when birth date was entered and by whom.

Group 2

Two items in this group from different sources are sufficient if age or birth date is shown.

Any TWO of these:

Example: One child's birth certificate and one military ID.

- A notarized affidavit by an older, immediate family member who is in a position to know the birth date (e.g., father or mother).
- Certificate of military record.
- Marriage record (record must show your age or date of birth at time of marriage).
- County voter registration (must show your age or date of birth; do not send your precinct card).
- Copy of child's birth certificate if it shows age of parents.
- 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).
- Military ID (military record DD214).
- Concealed weapons permit.

- If it is impossible for you to furnish the proof required in Group 1 or 2, write to PERS with a full explanation.
- We cannot return your documents, so do not send originals. If it is illegal to copy a document, bring it to a PERS office, and PERS will verify the birth information.
- Include the member's Social Security number or PERS ID on all documents so they are properly recorded.
- Mail, fax, or deliver your documents to PERS.

*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 have "enhanced" driver's licenses, driver's permits, or ID cards. Enhanced cards are REAL ID compliant and bear an American flag emblem and the word "enhanced" on the front.