



Dispute of Notice of Entitlement

This form is strictly for the Tier One/Tier Two Program. Call PERS or visit our website if this is not the form you need.

Section A: Applicant information (Type or print clearly in dark ink. Illegible forms may be returned to applicant. This could delay your request.)

First name	MI	Last name	Social Security number*								
			<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table>								
Mailing address (street or PO box)			PERS number								
City	State	Zip	Country								
			Date of birth (mm-dd-yyyy)								
Day phone number		Evening phone number	E-mail (optional)								

Oregon Revised Statute 238.450 allows a member to dispute the accuracy of the information used in the computation of their retirement benefit. You may file a Notice of Dispute by submitting this form no later than whichever of the following dates occurs last:

- 240 days after the date of the Notice of Entitlement, or
- 240 days from the date your first benefit was payable (the first of the month following your effective retirement date).

Section B: Disputed information

Please select the information you **disagree with** and briefly explain why you think it is inaccurate. **Please attach any information supporting your Dispute.**

- | | |
|---|--|
| <input type="checkbox"/> Salary (three highest years or last 36 months) | <input type="checkbox"/> Service time (includes current service and prior service) |
| <input type="checkbox"/> Unused sick leave hours | <input type="checkbox"/> Account balance |
| <input type="checkbox"/> Date of birth (self or beneficiary) | <input type="checkbox"/> Retirement option |

Explain why you think this information is inaccurate.

Section C: Applicant signature

With my signature, I am Disputing the information used to calculate my retirement benefit.

 Applicant signature (do not print)

 Date

Send form to:

PERS
PO Box 23700
Tigard, OR 97281-3700

Office use only		
<input checked="" type="checkbox"/> PERS	<input type="checkbox"/> OPSRP	<input type="checkbox"/> IAP
<input type="checkbox"/> Member <input type="checkbox"/> Alternate payee <input type="checkbox"/> Cross reference member SSN		

*Providing your Social Security number (SSN) is voluntary. It will be used for confirmation purposes. If you choose not to supply your SSN, it could 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 can request help by calling 888-320-7377 or TTY 503-603-7766.