



## Employer Change of Address

All fields are required.

This form is for employers to submit a change of address to PERS **for their organization**.

Do not use this form to report an address change for an individual.

### Section A: Employer information

Employer name	PERS employer number (five digits starting with 0)
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### Section B: Address update

Old address

Mailing address (street or PO Box)		
City	State	ZIP code

New address

Mailing address (street or PO Box)		
City	State	ZIP code

Physical address if different from mailing address

Street address		
City	State	ZIP code

### Section C: Signatures

Print and sign the form as instructed below.

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Web Administrator or Reporting Official signature  
(do not print; must be a signature)

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Date address change is/was effective

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Web Administrator or Reporting Official name (please print)

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Title

### Section D: Form submission

Mail to PERS at PO Box 23700, Tigard OR 97281-3700, or email to [PERS.EDX.Support@pers.oregon.gov](mailto:PERS.EDX.Support@pers.oregon.gov).