



# Oregon

Theodore R. Kulongoski, Governor

## Public Employees Retirement System

Headquarters:  
11410 S.W. 68th Parkway, Tigard, OR  
Mailing Address:  
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Tigard, OR 97281-3700  
(503) 598-7377  
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<http://oregon.gov/pers/>

October 22, 2008

<<First Name>> <<Last Name>>  
<<Address line 1>>  
<<City>> <<State>> <<Zip code>>-<<Zip Plus 4>>

PERS ID number: <<PERS ID>>

Dear <<First Name 1>> <<Last Name 1>>:

Congratulations! Based on information supplied by your employer(s), you are now a member of the Oregon Public Service Retirement Plan (OPSRP) Pension Program and the Individual Account Program (IAP). Both programs are part of the Oregon Public Employees Retirement System (PERS). Your retirement programs are a significant part of your employment benefit package.

Whether your retirement is a long way off or just a few years away, it is important that PERS has up-to-date, accurate information about you so we can send annual account information to you and accurately calculate your benefit at retirement.

**Please verify the information PERS has on file for you is correct by reviewing the data on the back of this page. If it is correct, there's nothing you need to do. If any information is incorrect, you need to correct the information and return this sheet to PERS in the envelope provided.**

Please respond with corrected information within 30 days. And, it's a good idea to make sure your employer has the same information as well as your correct Social Security number.

If you have not designated a beneficiary, please complete the enclosed beneficiary form and return it to PERS in the envelope provided.

Also enclosed is information about the OPSRP Pension Program and IAP as well as your PERS number. We recommend you file this material with your other important papers. Each year you will receive an annual statement, which you will want to keep as well.

Sincerely,  
Customer Service Division



## Member Information Update

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

Name <<First Name 1>> <<Last Name 1>>	PERS ID number <<PERS ID>>
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**Section B: Information update**

The information PERS has on file for you is listed below.

If it is correct, there is nothing you need to do.

If any information is incorrect, you need to correct it in the space provided, and return this form in the enclosed postage-paid envelope.

Information on file at PERS	Corrected information
Name: <<First Name 1>> <<Last Name 1>>	Name: _____
Birth date: <<Birth Date>>	Birth date: _____
Street address or PO Box: <<Address line 1>>	Street address or PO Box: _____ _____
City: <<City>>	City: _____
State: <<State>> Zip: <<Zip code>>-<<Zip Plus 4>>	State: _____ Zip: _____
Employer: <<Employer 1>> <<Employer Name 1>>	Employer: _____ _____
Hire date: <<Hire date 1>>	Hire date: _____
Gender: <<Gender>>	Gender: _____

 \_\_\_\_\_  
 Signature (do not print) Date

Office use only	
<input 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	

In compliance with the Americans with Disabilities Act, PERS will provide help filling out this form upon request. You may request help by calling 503-598-7377, toll free 888-320-7377, or TTY 503-603-7766.