

11410 SW 68th Parkway, Tigard OR 97223 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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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: Applican	nt 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 (SSN)*	
Mailing address (street or PO box)			<u> </u>		PERS ID (optional)	
City		State	ZIP code	Country	Date of birth (mm/dd/yyyy)	
Home phone number Work phone number		er	Cell phone number	Email (optional)		
their retirement benefit dates occurs last: • 240 days after the d	t. You may file a	Notice of En	e of Dispute by sul	omitting this form	nformation used in the computation of no later than whichever of the following flowing your effective retirement date).	
Section B: Dispute	d information mation you disag	gree w			k it is inaccurate. Please attach any	
 □ Salary (three highest years or last 36 months) □ Unused sick leave hours □ Date of birth (self or beneficiary) 				 □ Service time (includes current service and prior service) □ Account balance □ Retirement option 		
Explain why you think	•	n is ina		•		
Section C: Applica	_					
With my signature, I	am Disputing t	he inf	formation used to	calculate my re	tirement benefit.	
Applicant signature (do	not print)		Date		Office use only XPERS OPSRP IAP	
Send form to:					☐ Member ☐ Alternate payee ☐ Cross reference member SSN	
PERS					- 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.

ORS: 238.450

PO Box 23700

Tigard, OR 97281-3700