



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>

Instructions for Additional Data Verification Request Fee Agreement

Use the Additional Data Verification Request Fee Agreement form when submitting a payment for an additional data verification request. Members receive one free verification before retirement.

Type or print clearly in dark ink. Illegible forms could be returned, which could delay your request.

Do not change anything on the form; alterations will void the form.

Section A: Applicant information

Fill in the Applicant information section completely.

- Enter your PERS ID number. If you do not know your PERS ID number, leave the space provided blank. Your PERS ID number can be found on your annual statement(s) or Online Member Services (OMS).
- Providing your Social Security number (SSN) is voluntary. It will be used for confirmation purposes if you are unable to provide a PERS ID number. If you choose not to supply your SSN, it could take PERS staff longer to process your form.
- Enter your date of birth in the space provided.
- Enter your day and evening phone numbers. Please include the area code. Include your extension number if one is available.
- If you do not have an email address or prefer not to be contacted through email, leave that field blank.

Section B: Additional data verification request (\$100 per request)

Note: The cost for each additional verification is \$100. We cannot process your additional Data Verification Request until we receive your payment.

Fill this section out completely.

B1: Enter the date of the verification in the space provided.

B2: Enter your anticipated PERS retirement date.

B3: Check the appropriate box to let us know how you have submitted your Data Verification Request.

B4: Check the appropriate box indicating if you have reviewed your account through OMS or enclosed additional documentation.

Section C: Signature

Sign and date the form and mail with payment to PERS at PO Box 23700, Portland, OR 97208-2127.



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Additional Data Verification Request Fee Agreement

This form is for the Tier One, Tier Two, and OPSRP Pension Programs.

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

First name		MI	Last name		PERS ID (optional)
Mailing address (street or PO box)					Social Security number (SSN)*
City		State	ZIP code	Country	Date of birth (mm-dd-yyyy)
Home phone number	Work phone number		Cell phone number	Email	

Note: The cost for each additional verification is \$100. We cannot process your additional Data Verification Request until we receive your payment.

I would like to purchase an additional verification. I understand the information verified will only be for the period of time from the effective date of the previous verification to the effective date of this verification.

B1. I understand I am entitled to one free verification of retirement data. I received my one free verification effective _____.
 (mm/dd/yyyy)

B2. My anticipated retirement date is the first day of _____.
 (mm/yyyy)

B3. I have:
 submitted a PERS Verification Request through Online Member Services (OMS).
 enclosed a PERS Data Verification Request form.

B4. Have you reviewed your account detail through OMS and noted any issues electronically?
 Yes No

Have you enclosed additional documentation of missing or incorrect information on your account (W-2s, pay stubs, Social Security records, etc.)?
 Yes No

Section C: Signature

 Signature (do not print)

 Date

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 toll free 888-320-7377 or TTY 503-603-7766.