Change of Information Form 1C - Revised 8/23/2016

AISSISSIPPI

Please print or type in black ink. Active members (currently contributing to PERS) should submit completed form to employer (see Section 6 for details). Inactive members and benefit recipients should submit completed form to PERS. See bottom of form for contact information.

		MI: Last Name: Birth Date <i>mm/dd/ccyy</i> :		Dember	
Changes to Me	ember/Benefit Recipie	nt Name and Address – If	necessary, check items to be upo	ated then fill in only appli	cable information.
To Change	New Information		Effect	ive Date mm/dd/ccyy:	
Name	First Name:	MI:	Last Name:		
Address	Mailing Address:		City:	State:	_ Zip:
Changes to Me	ember/Benefit Recipie	nt E-Mail and Phone – If ne	ecessary, check items to be updat	ed then fill in only applica	able information.
To Change	New Information		Effect	ive Date mm/dd/ccyy:	
E-Mail					
Phone				Cellula	ar □ Home □ Wor
Phone				Cellula	ar 🗆 Home 🗆 Wori
	elect one. Add date for last th	-	are marked,	ective Date mm/dd/ccyy: Wedding Date mm/	
	's Full Name – Up to age ied and a full-time student	Social Security No.	Birth Date mm/dd/ccyy	Relationship	Gender
			<u></u>		OM OF
completion of Sect should sign and su copy of the durable	tion 6. Employers will be res Jbmit form directly to PERS, e power of attorney, conserv	ponsible for submitting complete as Section 6 is not applicable to ratorship or guardianship papers	urrently contributing to PERS) sho d form to PERS, if necessary. Ina these individuals.	ctive members and ber orized representative sign of of authority to sign this	nefit recipients ns this form, attach a form.
made to sections 3 by the employer vi	3 and 4 (e-mail, phone numl ia monthly wage and contrib	pers, marital status, or family info ution reports not via this form. Tl	form to PERS by the employer is rmation). Changes to Section 2 (r his process helps ensure consiste ection 6 is necessary, an authorize	name or address) will be s ncy in the name used for	submitted to PERS reporting PERS,
Employer Name:			Employer No.:		
Emplover Represe	entative's Name:	EI	mployer Representative's Title: _		
	entative's Phone:	Fax:	E-Ma	il:	
			los are being made to Section 2 (e-mail and phone) and/or	
Employer Represe As employer repre information). I here			ovided above is consistent with th		