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MEMBER/BENEFIT RECIPIENT DATA UPDATE

Former
Member/Benefit
Recipient Name:

(Prefix)	(First)	(MI)	(Last)	(Suffix)

Social Security Number:

Date of Birth:

(mm)	(dd)	(yyyy)

Name Change/Correction

New Name:

(Prefix)	(First)	(MI)	(Last)	(Suffix)

Address Change/Correction

New Mailing
Address:

(Address Line 1)

(Address Line 2)

(City/Town)	(State)	(ZIP)

Effective Date of Change:

(mm)	(dd)	(yyyy)

(MainePERS Date Stamp Area)

To be signed by either the Member/Benefit Recipient or the Employer. Only ONE signature is required.

 (Signature of Member/Benefit Recipient)

 (Date)

 (Member/Benefit Recipient Name) *(please print)*

 (Signature of Employer)

 (Date)

 (Employer Certifying Official) *(please print)*

 (Employer Location Code)

 (Employer Phone Number)