



REQUEST FOR MEMBER INFORMATION CHANGE

■ **Important** – Employers use this form to request a change or correction to a member’s record. Please include a *copy* of the appropriate documentation that *reflects the new or corrected information* with this request form:

- **Name change:** Marriage certificate, divorce certificate, federal Employment Eligibility Verification form (I-9), drivers’ license or Social Security card
- **Social Security number correction:** Social Security card or federal Employment Eligibility Verification form (I-9)
- **Date of birth correction:** Birth certificate or drivers’ license

Other documentation may be accepted, as long as evidence of the requested change is clearly provided. Please contact the Retirement System first and we will evaluate alternative documentation on a case-by-case basis.

■ **Contact Us – toll free:** 1-888-275-5737 • **phone:** 785-296-6166 • **fax:** 785-296-6638
email: kpers@kpers.org • **web site:** kpers.org • **mail:** 611 S. Kansas Ave., Suite 100, Topeka, KS 66603

■ Part A – Employer Information

1. Employer: _____ 2. Employer Number: _____

■ **Part B – Previous Member Information** – Please enter the member’s personal information as each appeared on your last report.

1. Social Security Number: _____ 2. Name (First, MI, Last): _____
 3. Date of Birth: _____ 4. Payroll Department Number: _____
 5. Mailing Address: _____
 City, State, Zip: _____

■ **Part C – New Member Information** – Please enter the member’s new or corrected information in the space below.

1. Social Security Number: _____ 2. Name (First, MI, Last): _____
 3. Date of Birth: _____ 4. Payroll Department Number: _____
 5. Mailing Address: _____ Effective Date: _____
 City, State, Zip: _____

■ Part D – Employer Certification

“I certify that I have reviewed and enclosed copies of the appropriate documentation, which was provided for me by the employee, and that all information stated above is true.”

Designated Agent Signature: _____ Month/Day/Year: ____/____/____