



Notification of Change Personal Information

Please print. • See next page for instructions.

SECTION A - PERSONAL INFORMATION

Social Security Number or Member ID **Date of Birth**

Name (last/first/middle)

Name of State Agency (active members only)

SECTION B - REQUEST FOR CHANGE

Effective ____/____/____ I wish to make the following changes:

<input type="checkbox"/> Name	<ul style="list-style-type: none"> Indicate both previous and new name Written notification is required for all name changes. Supporting documentation (updated driver's license, social security card, legal documentation) is needed if a woman is changing her first name or if a man is changing his last name. A legible photocopy is sufficient. <p>Previous _____ New _____</p>
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<input type="checkbox"/> Primary Phone	<ul style="list-style-type: none"> Indicate both previous and new primary phone number <p>Previous _____ New _____</p> <p style="text-align: right;"><input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work</p>
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<input type="checkbox"/> Alternate Phone	<ul style="list-style-type: none"> Indicate both previous and new alternate phone number <p>Previous _____ New _____</p> <p style="text-align: right;"><input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work</p>
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<input type="checkbox"/> Marital Status	<ul style="list-style-type: none"> Indicate both previous and new marital status <p>Previous Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married New Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>RETIRED MEMBERS ONLY - If you are changing your marital status to married, you may be eligible to reelect a benefit payment option. Please contact a benefit counselor as soon as possible if you were:</p> <ul style="list-style-type: none"> Single at retirement and elected the Life Income Annuity option. Married at retirement, elected a Joint and Survivor option, and your spouse preceded you in death. </div>
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<input type="checkbox"/> Mailing Address	<ul style="list-style-type: none"> Indicate both previous and new mailing address <p>Previous _____ New _____</p> <p>_____ _____</p> <p>_____ _____</p>
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<input type="checkbox"/> Email Address	<ul style="list-style-type: none"> Indicate both previous and new email address <p>Previous _____ New _____</p> <p>_____ _____</p>
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SECTION C - APPLICANT SIGNATURE (or payroll/personnel representative if applicable)

Signature **Date**

Instructions for Completing

Notification of Change Personal Information

Whether you are active or retired, it is important to keep your personal information on file with MOSERS accurate and up-to-date. This form authorizes MOSERS to make changes to your personal information upon your request. The form must be signed by you (or your payroll/personnel representative if applicable), dated, and delivered to MOSERS. Steps for completing this form are outlined below.

1. Complete Section A.
 - Please complete the state agency and work phone information if you are an **active member**.
2. Make any changes necessary and provide the effective date of those changes in Section B.
 - Provide past and previous information for each change as indicated.
 - Written notification is required for all name changes. Supporting documentation (updated driver's license, social security card, legal documentation) is needed if a woman is changing her first name or if a man is changing his last name. A legible photocopy is sufficient.
 - **RETIRED MEMBERS ONLY - If you are changing your marital status to married, you may be eligible to reelect a benefit payment option. Please contact a benefit counselor as soon as possible if you were:**
 - **Single at retirement and elected the Life Income Annuity option.**
 - **Married at retirement, elected a Joint and Survivor option, and your spouse preceded you in death.**
3. Sign and date Section C.
4. Return completed form to MOSERS.