



Employer Request for Member Information

Revised 07/01/2016

Please print or type in black ink. Refer to PERS Board Regulation 57, Release of Member Information to Participating Employers, for the governing rules. Complete sections 1 through 4, and return form to the PERS executive director. See bottom of form for contact information.

1 Employer Representative

First Name: _____ MI: _____ Last Name: _____

Title: _____ Employer Name: _____

Employer Mailing Address: _____ City: _____ State: _____ Zip: _____

Work Phone: _____ E-Mail: _____

2 Information Requested – Select one.

1. List of names and addresses on file for current or former employees
2. List of employees eligible to retire now or within _____ years based on service credit or age and service
3. List of employees retired from the agency
4. Demographic information on current or retired employees necessary for employer to provide health insurance coverage
5. Other: _____

3 Purpose of Request

4 Employer Certification – This section must be signed by the Employer Representative and Employer Head, if different from the Employer Representative.

We certify on behalf of the above-listed employer making this request that all information provided by PERS will be used solely for the purpose stated in the request. Further, we certify that such information will remain confidential and will not be disclosed or released to any other party.

Employer Representative Signature: _____ Date mm/dd/ccyy: _____

Employer Head Name: _____ Title: _____

Employer Head Signature: _____ Date mm/dd/ccyy: _____

PERS Use Only

Request Decision

Date Received by PERS mm/dd/ccyy: _____ Date Answered mm/dd/ccyy: _____ Tracking No.: _____

Subject Matter: _____

Approved Request Assigned to: _____ Title: _____

Denied Basis for Denial: _____  Attach copy of Notice of Denial.

Processing Individual's Signature: _____ Date mm/dd/ccyy: _____