Employer Request for Member Information

Revised 12/16/2020

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 PERS. See bottom of form for contact information.*

❶ Employer Representative

First Name: _____ MI: _____ Last Name: _____

Title: _____ Employer Name: _____

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

Work Phone: _____ E-Mail: _____

❷ 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: _____

❸ Purpose of Request

_____

_____

_____

_____

❹ 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*: _____