PERS of MISSISSIPPI

Change of Information

Form 1C – Revised 8/23/2016

Please print or type in black ink. Active members (currently contributing to PERS) should submit completed form to employer (see Section 6 for details). Inactive members and benefit recipients should submit completed form to PERS. See bottom of form for contact information.

❶ Member/Benefit Recipient Information – *Fill in your name as currently filed with PERS and use sections 2, 3, and 4 to submit new information.*

First Name: _____ MI: _____ Last Name: _____ ☐ Member ☐ Benefit Recipient

Social Security No.: _____ Birth Date *mm/dd/ccyy*: _____ Gender: ☐ M ☐ F

❷ Changes to Member/Benefit Recipient Name and Address – *If necessary, check items to be updated then fill in only applicable information.*

To Change **New Information** **Effective Date** *mm/dd/ccyy:* _____

☐ **Name** First Name: _____ MI: _____ Last Name: _____

☐ **Address** Mailing Address: _____ City: _____ State: _____ Zip: _____

❸ Changes to Member/Benefit Recipient E-Mail and Phone – *If necessary, check items to be updated then fill in only applicable information.*

To Change **New Information** **Effective Date** *mm/dd/ccyy:* _____

☐ **E-Mail** _____

☐ **Phone** _____ ☐ Cellular ☐ Home ☐ Work

☐ **Phone** _____ ☐ Cellular ☐ Home ☐ Work

❹ Changes to Family Information – *If necessary, list applicable changes below. Use additional Form 1C,* Change of Information, *if listing more than three dependent children. Information is for determining statutory benefits only. Use Form 1B,* Beneficiary Designation, *or Form 16,* Advanced Application, *as applicable, to designate any and all beneficiaries. If changes to marital status are marked, 📎 attach a copy of the marriage, divorce, or death certificate.*

Marital Status – *Select one. Add date for last three.* ☐ Single ☐ Married ☐ Divorced ☐ Widowed **Effective Date** *mm/dd/ccyy:* _____

Spouse's Full Name	**Social Security No.**	**Birth Date** *mm/dd/ccyy*	**Wedding Date** *mm/dd/ccyy*	**Gender**
				☐ M ☐ F

Dependent Child's Full Name – *Up to age 19, or 23 if unmarried and a full-time student*	**Social Security No.**	**Birth Date** *mm/dd/ccyy*	**Relationship**	**Gender**
				☐ M ☐ F
				☐ M ☐ F
				☐ M ☐ F

❺ Member/Benefit Recipient Certification – ***Active members*** *(those currently contributing to PERS) should sign and submit form to employer for completion of Section 6. Employers will be responsible for submitting completed form to PERS, if necessary.* ***Inactive members and benefit recipients*** *should sign and submit form directly to PERS, as Section 6 is not applicable to these individuals. 📎 If an authorized representative signs this form, attach a copy of the durable power of attorney, conservatorship or guardianship papers, or other legal documents as proof of authority to sign this form.*

Member/Benefit Recipient's Signature: _____ Date *mm/dd/ccyy*: _____

❻ Employer Certification – *Completion of Section 6 and submission of this form to PERS by the employer is only necessary when changes are being made to sections 3 and 4 (e-mail, phone numbers, marital status, or family information). Changes to Section 2 (name or address) will be submitted to PERS by the employer via monthly wage and contribution reports not via this form. This process helps ensure consistency in the name used for reporting PERS, Social Security, and W-2 wage information by the employer. If completion of Section 6 is necessary, an authorized employer representative, must sign.*

Employer Name: _____ Employer No.: _____ - _____

Employer Representative's Name: _____ Employer Representative's Title: _____

Employer Representative's Phone: _____ Fax: _____ E-Mail: _____

As employer representative, I am submitting this form to PERS because changes are being made to Section 3 (e-mail and phone) and/or Section 4 (family information). I hereby certify that any name and address change information provided above is consistent with the active member's name used on the employer's records for reporting PERS, Social Security, and W-2 wage information.

Employer Representative's Signature: _____ Date *mm/dd/ccyy*: _____

Public Employees' Retirement System of Mississippi
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Reset Form Print