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## MEMBER/BENEFIT RECIPIENT DATA UPDATE

Former  
Member/Benefit  
Recipient Name:

(Prefix)	(First)	(MI)	(Last)	(Suffix)

Social Security Number:

Date of Birth:

(mm)	(dd)	(yyyy)	

### Name Change/Correction

New Name:

(Prefix)	(First)	(MI)	(Last)	(Suffix)

### Address Change/Correction

New Mailing  
Address:

(Address Line 1)

(Address Line 2)

(City/Town)	(State)	(ZIP)

(City/Town)

(State)

(ZIP)

Effective Date of Change:

(mm)	(dd)	(yyyy)	

(mm)

(dd)

(yyyy)

(MainePERS Date Stamp Area)

**To be signed by either the Member/Benefit Recipient or the Employer. Only ONE signature is required.**

\_\_\_\_\_  
(Signature of Member/Benefit Recipient)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Member/Benefit Recipient Name) *(please print)*

\_\_\_\_\_  
(Signature of Employer)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Employer Certifying Official) *(please print)*

\_\_\_\_\_  
(Employer Location Code)

\_\_\_\_\_  
(Employer Phone Number)