



46 State House Station  
 Augusta, ME 04333-0046  
 Telephone: (207) 512-3100  
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# MEMBER/BENEFIT RECIPIENT DATA UPDATE

SOCIAL SECURITY NUMBER:

DATE OF BIRTH:

MEMBER/BENEFIT RECIPIENT NAME:  Last  First  MI

**NAME CHANGE/CORRECTION**

PREVIOUS NAME:  Last  First  MI

**ADDRESS CHANGE/CORRECTION**

NEW MAILING ADDRESS:  Address Line 1  
 Address Line 2  
 City/State/ZIP

PREVIOUS ADDRESS:  Address Line 1  
 Address Line 2  
 City/State/ZIP

EFFECTIVE DATE OF CHANGE:  Month/Day/Year

(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 Code

\_\_\_\_\_  
Employer Phone Number