



Personal Information Form

Please print • See attached guide for details • Retain a copy for your records

For employer use only – Return completed copy of form to MERS

| | | |
|---|---------------------------------|---|
| Name of employer* | Municipality number (4 digits)* | Date of hire/rehire (mm/dd/yyyy)* <input type="checkbox"/> Rehire? |
| MERS product(s): <input type="checkbox"/> Defined Contribution _____ 6 digit division number, starts 1- | | |
| Check all that apply <input type="checkbox"/> Defined Benefit _____ 2 digit division number | | |
| <input type="checkbox"/> Hybrid _____ Division number, starts H_ | | |
| <input type="checkbox"/> Health Care Savings Program _____ 6 digit division number, starts 3- | | |
| <input type="checkbox"/> 457 _____ 6 digit division number, starts 4- | | |

1. New or update information

New enrollment Update existing information (signature required at bottom)
 Retiree Active member Inactive member

2. Information about you

| | | | |
|---|-------------------|---|--|
| Last name* | First name* | MI | Social Security Number* |
| Mailing address* | | Gender* <input type="checkbox"/> Male <input type="checkbox"/> Female | Date of birth (mm/dd/yyyy)* |
| City* | State* | Zip code* | Daytime contact phone (area code and number) |
| Email address | | | Alternate phone (area code and number) |
| Marital status <input type="checkbox"/> Single <input type="checkbox"/> Married | Spouse first name | Spouse last name | |
| Spouse Social Security Number | | Spouse date of birth (mm/dd/yyyy) | |

3. Use this section ONLY for name change

Name change: Indicate reason for name change below and include appropriate certification

- Marriage** - Include copy of marriage certificate (remember to update your Beneficiary Form)
- Divorce** - Include a complete copy of judgment of divorce (remember to update your Beneficiary Form)
- Other** - Include copy of legal documentation of name change

| | |
|----------|-------------------------|
| New name | Previous name on record |
|----------|-------------------------|

4. Signature – Only required for change of existing information

| | |
|-----------------------|-------------------|
| Participant signature | Date (mm/dd/yyyy) |
|-----------------------|-------------------|

* Required field

Step-by-Step Guide to Completing the Personal Information Form

This form is available for download at www.mersofmich.com.

Please print clearly. Fields with an asterisk (*) are required fields and must be completed to submit the form accurately.

The Employer section should be filled out by your employer, so proceed directly to Step 1.

1. New or update information

Indicate whether you are submitting this form because you are new to MERS or if this is a change to information already existing in the MERS system. If you are already in retired status, please also check the Retiree box.

2. Information about you

This section gathers basic information about you – your full name, Social Security number, primary mailing address, gender, date of birth, daytime phone number, and email address.

Marital information

This section is for information about your spouse.

Under Marital status, check either “Single” or “Married”

If married, print your spouse’s full name, Social Security number, and date of birth.

3. Name Change - Use this section ONLY if you have a name change

If your name has changed due to marriage, divorce or any other reason, please check the appropriate box in this section, and print your “New name” and “Previous name on record” in the boxes provided.

- If you check the box marked “Marriage,” please include a copy of your marriage certificate. Also, please remember to update your *Beneficiary Designation Form(s)* for each MERS program in which you are enrolled.
- If you check the box marked “Divorce,” please include a copy of your judgment of divorce. Also, please remember to update your *Beneficiary Designation Form(s)* for each MERS program in which you are enrolled.
- If you check the box marked “Other,” please include a copy of the legal documentation for your name change.

4. Signature

Your signature is required only if you are making a change to existing information as indicated in Section 1. If this is a new enrollment, your signature is not required.

Submitting this form:

- If you are an active member:

Please give it to your current employer

Employer: Retain a copy for your records and return a copy to MERS.

- If you are no longer with the employer, please mail or fax it to MERS at:

Municipal Employees’ Retirement System of Michigan

1134 Municipal Way
Lansing, MI 48917

Fax: 517.703.9706

Questions? Please contact us at 800.767.2308.

If you have speech or hearing difficulties and need assistance completing this form, contact the Michigan Relay Center at 800.649.3777. If you have other disabilities, contact MERS at 800.767.2308 to request special accommodations.