



MAINE STATE RETIREMENT SYSTEM (MSRS)

46 State House Station
Augusta, ME 04333-0046

Telephone: (207) 512-3100
Toll-free: 1-800-451-9800
TTY: (207) 512-3102

**MEMBER / RETIREE
DATA UPDATE FORM**

Please use this form to notify the MSRS of a change in a member's or a retiree's name or address, or of a correction to a member's or a retiree's Date of Birth or Social Security number. This information may be completed either by the member/retiree or by his/her payroll clerk. Be sure to sign and date this form below, and return it to Payroll Reporting Unit at the address provided above.

Please provide the following information so we can be sure to change our records accurately:

CURRENT NAME
Last First MI

SOCIAL SECURITY NUMBER

SOCIAL SECURITY NUMBER - -

Have you been asked by MSRS to verify this Social Security number? YES NO
If yes, you must supply a copy of the current Social Security card along with this form.

If known, incorrect Social Security number: - -

Most recent employer through which you contributed to the MSRS: _____

DATE OF BIRTH

DATE OF BIRTH - -
(month) (day) (year)

Have you been asked by MSRS to verify your Date of Birth? YES NO

If known, incorrect Date of Birth: - -
(month) (day) (year)

STATUS

- Retiree (receiving an MSRS benefit)
- Active (currently a contributing member)
- Inactive (not currently contributing)

NAME CHANGE/CORRECTION

PREVIOUS NAME
Last First MI

EFFECTIVE DATE OF CHANGE - -
(month) (day) (year)

ADDRESS CHANGE/CORRECTION

NEW ADDRESS
First Mailing Address Line

Second Mailing Address Line, if necessary

City State Zip Code

EFFECTIVE DATE OF CHANGE - -
(month) (day) (year)

Your signature below is required to certify that the information provided is accurate.

Retiree/Member/Payroll Clerk Signature _____

Date Signed _____

-
Daytime telephone number

For MSRS Use Only

(1) Payroll Processing _____ (2) Benefits Payroll _____