



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): Check all that apply		
<input type="checkbox"/> Defined Contribution _____ <small>6 digit plan number, starts 1-</small>	<input type="checkbox"/> Hybrid _____ <small>Division code, starts H_</small>	
<input type="checkbox"/> Health Care Savings Program _____ <small>6 digit program number, starts 3-</small>	<input type="checkbox"/> 457 _____ <small>6 digit program number, starts 4-</small>	

1. New or update information

New enrollment Update existing information

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)	

Seasonal address: To have newsletters, 1099-R forms, and checks sent to your seasonal address, please complete the information below.

Discontinue seasonal address: All mailings will be sent to your primary mailing address.

Residing dates: Start each year: _____ End each year: _____
(mm/dd) (mm/dd)

Seasonal address	Seasonal city	Seasonal state	Seasonal zip code	Seasonal contact phone
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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
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4. Signature – Only required for change of existing information

Participant signature	Date (mm/dd/yyyy)
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* Required field