



CHANGE OF INFORMATION

IMPORTANT: If you are an active member, please contact your employer directly for any name or address change.

Please print clearly in black ink.

Section 1 – Member information (must be completed in all cases)

ERSRI First and middle names		ERSRI Last name	
Date of birth (mm/dd/yyyy)	Social Security number (4 last digits only)		
Membership status:	<input type="checkbox"/> Member	<input type="checkbox"/> Benefit recipient (retiree or beneficiary)	

Section 2 – Name change for retirees, beneficiaries or deferred pensioners

Please note: If you are an active member, contact your employer directly for any name change or correction.

New First and middle names		New Last name	
Effective date of change MM/DD/YYYY			

Section 3 – Address change for retirees, beneficiaries or deferred pensioners (mailing address)

Please note: If you are an active member, contact your employer directly for any address change or correction.

Address (street number, street name and apartment number)		
City	State	Zip code
Home phone number (area code and number)	Business phone number (area code and number)	
Email address	Effective date of change MM/DD/YYYY	

Section 4 – Marital status change

Marital status: Married Divorced Widowed

Married (effective date of change)	Divorced (effective date of change)	Widowed (effective date of change)
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Section 5 – Member authorization

I, the undersigned, hereby certify that the information provided above is correct to the best of my knowledge.

Member signature	Date of signature
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Please forward this completed form, dated and signed, to the following address:

Employees' Retirement System of Rhode Island
50 Service Avenue 2nd Floor
Warwick, RI 02886-1021

Office: (401) 462-7600 | Fax: (401) 462-7691
Email: ersri@ersri.org | Web site: www.ersri.org