

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)

_____	_____	_____
First Name	Middle Name	Last Name
_____	_____	_____
Date of Birth (mm/dd/yyyy)	SSN (last 4 digits only)	
Membership status (check one):	Member	Benefit recipient (retiree or beneficiary)

Section 2: Name Change for Retirees, Beneficiaries or Deferred Pensioners

_____	_____	_____
First Name	Middle Name	New Last Name
_____	_____	_____
Effective Date of Change (mm/dd/yyyy)	SSN	

Section 3a: Address Change for Retirees, Beneficiary Payees or Deferred Pensioners

Address		

Address		
_____	_____	_____
City	State	ZIP

Effective Date of Change (mm/dd/yyyy)		

Section 3b: Phone Number and Email Address Change for All Members or Payees

_____	_____
Home Telephone Number	Business Telephone Number

Email Address	



Section 4: Marital Status Change

Marital Status: Married Single Widowed

Effective Date of Change:

Married: (mm/dd/yyyy)

Divorced: (mm/dd/yyyy)

Widowed: (mm/dd/yyyy)

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 (mm/dd/yyyy)

Return the completed form to the address below. Incomplete or inaccurate forms will not be processed.

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 | **Website:** www.ersri.org