Print Form

Member Information Change Report

For Completion by Employers

Public Employees Retirement Association, 60 Empire Drive, Suite 200, St. Paul, MN 55103-2088
PERA Employer Fax Number: 651 296-2493; Employer Phone Lines: 651-296-3636 or 1-888-892-PERA

EMPLOYEE SSN (last 4 digits only*)	PLAN	NAME OF MEMBER		STATUS CHANGE	
		CURRENT	FORMER	CODE	EFFECTIVE DATE

*Please provide the full Social Security Number (not just the last four digits) if you are notifying PERA that the number in its records is incorrect.

PLAN CODES:

BASI = Basic Plan
CORD = Coordinated Plan
CORR = Correctional Plan
PF = Police & Fire Plan
SVF = Statewide Volunteer Firefighter Plan
DCPE = Defined Contribution Plan Elected Officials
DCPA = Defined Contribution Plan Ambulance Personnel
DCPP = Defined Contribution Plan Physicians

STATUS CODES:

A = return from layoff, leave, or workers compensation leave
C = death of member
K = maternity/paternity leave without pay
L = layoff
M = medical leave of absence with or without pay
P = personal leave without pay
T = termination
W = worker's compensation leave
X = military leave without pay

MAIL FORM TO: PERA, 60 EMPIRE DR, SUITE #200; SAINT PAUL, MN 55103-2088
OR FAX IT TO: 651 296-2493

EMPLOYER IDENTIFICATION

Employer Name	Employer ID #	Authorized Agent's Name
Authorized Agent's Signature	Date	Daytime Telephone Number

(8/2011)

Member Information Change Report

The data you provide on this form will be used to keep an accurate record of the personal and employment information on the participant as needed to administer the provisions of PERA's pension plans and the employee's participation therein. PERA requests that you provide the employee data (including the data classified as private) pursuant to Minnesota Statutes §353.27, subd. 4, of the PERA law, and §13.05, subd. 4(b) of the Government Data Practices Act. As required by Minnesota law, PERA will protect the private status of the employee data you provide to our association.

Instructions on Form Completion:

Use this form to report changes that have occurred in the name or employment status of your PERA members. Do not use this form to enroll employees into a PERA plan; contact the PERA office for instructions on how to enroll new members. Please sort the changes reported on this form by type so that, for example, name changes are not interspersed among employment status changes.

To Correct the Social Security Number as it Appears on PERA's records:

1) List the proper *full* Social Security Number (not just the last four digits).
2) Insert the plan code (refer to chart on front page) that corresponds to the employee's plan.
3) Print the employee's name in the Current Name column.
4) Complete all elements of the Employer Identification section.

To Change the Name of an Employee as it Appears on PERA's records:

1) List the last four digits of the member's Social Security Number.
2) Insert the plan code (refer to the chart on the front page).
3) Print the member's name, (last name, first name, middle initial) as it should be listed on PERA's records) in the Current Name column.
4) Insert the individual's former name or birth name in the column provided.
5) Complete all elements of the Employer Identification section.

To Report a Change in the Employment Status of a Member as it Appears on PERA's records:

1) List the last four digits of the member's Social Security Number.
2) Insert the plan code (refer to the chart on the front page).
3) Print the individual's name, (last name, first name, middle initial) in the Current Name column.
4) Insert the status code (refer to the chart on the front page) that describes the employment situation.
5) Indicate the effective date of the employment status change.
6) Complete all elements of the Employer Identification section.

Mailing Instructions

Mail or fax this form to the PERA office. Do not use PERA's PO Box as this is reserved for the receipt of financial documents such as checks and Salary Deduction Reports.