



Submit completed form to:
County Employees' Retirement Fund
 2121 Schotthill Woods Drive
 Jefferson City, MO 65101
 Toll Free: 877-632-2373
 Fax: 573-761-4404

The County Clerk completes and signs this form upon a participant's change in contact information, marital status, or employment status.
The employee IS NOT required to sign this form.

Note: This form will not be accepted as a change in beneficiary designation. Please use the appropriate beneficiary form(s), to submit a change to the participant's beneficiaries.

PREVIOUS PARTICIPANT INFORMATION

Social Security Number _____ - _____ County of Employment _____

First Name _____ Initial _____ Last Name _____ Suffix _____

Address _____ City _____ State _____ Zip _____

Work Phone (____) _____ Home Phone/Cell (____) _____

Gender Male Female Marital Status Married Single Date of Birth ____/____/____

Date of Hire ____/____/____ Employee's Dept. _____ Employee's Position _____

Employment Status

County Contribution ____% (cannot exceed 4%)
 Employee Contribution ____% (within range of 2% - 6%)
 Part-time, >1,000 hours Full-time Non-LAGERS
 Part-time, <1,000 hours LAGERS

UPDATED PARTICIPANT INFORMATION (Enter only information that has changed.)

Social Security Number _____ - _____ County of Employment _____

First Name _____ Initial _____ Last Name _____ Suffix _____

Address _____ City _____ State _____ Zip _____

Work Phone (____) _____ Home Phone/Cell (____) _____ Date of Birth ____/____/____

Gender Male Marital Status Married – Must attach copy of marriage certificate, if reporting change in status.
 Female Single – Must attach copy of divorce decree or death certificate, if reporting change in status.

Date of Hire ____/____/____ Employee's Dept. _____ Employee's Position _____

Employment Status

County Contribution ____% (cannot exceed 4%)
 Employee Contribution ____% (within range of 2% - 6%)
 Part-time, >1,000 hours Full-time Non-LAGERS
 Part-time, <1,000 hours LAGERS

Note: Contributions will continue to be withheld when changing from full-time to part-time, based upon the participant's LAGERS status.
 Check the box at the left if the updated participant address also affects beneficiaries who resided at the participant's previous address.

REQUIRED SIGNATURE – See Below

The above information for this participant has changed effective _____ (date). Please update all records for this participant. If this is for participant's change to part-time employment, I have notified the participant that they are eligible for the \$10,000 death benefit only during the months in which they work.

Signature of County Clerk _____ **Date** _____