



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 (____) _____

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

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

Current Employment Status Full-time Part-time working 1,000 hours or more LAGERS Non-LAGERS

Employee Contribution % _____ County Contribution % (Made on behalf of employee and cannot exceed 4%) _____

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 (____) _____ 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 _____

Current Employment Status Full-time Part-time working 1,000 hours or more LAGERS Non-LAGERS

Employee Contribution % _____ County Contribution % _____
 (Made by employee and ranges from 2% to 6%) (Made on behalf of employee and cannot exceed 4%)

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 all 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.

Signature of County Clerk _____ **Date** _____