SERS
State Employees' Retirement System
srs.illinois.gov

2101 South Veterans Parkway
P.O. Box 19255
Springfield, IL 62794-9255

217-785-7444
Email: sers@srs.illinois.gov
Fax: 217-524-6975

Change of Information Form

This form may be used by benefit recipients only when making address or name changes.

Check the box that applies to your status with SERS. Please print or type all information below.

☐ Pension ☐ Survivor ☐ Disability ☐ Inactive ☐ QILDRO payee

Check the box to indicate what information is changing (check all that apply).

☐ Name change* ☐ Address change ☐ Email address

**Note: If you are completing for a name change, a photocopy of one of the following documents is required with this form: Marriage certificate, divorce decree (first page, name change section and page with judge's signature) or court order.*

Section 1 - Residential Address

Member information

Name *(Last, first, middle)*

Effective date of change

Residential address *(Street) (No P.O. Box)*

SSN *(last 4)* **or Member ID**

(City, State, Zip)

Date of birth

Email address

Phone number(s)

(H)

(C)

Section 2 - Mailing Address

If same as residential address, mark this box. ☐

Complete the following only if you wish to receive your mail at a location other than your residential address.

Name *(if POA/Guardian, attach corresponding document unless prev. submitted.)*

Mailing address *(Street)*

(City, State, Zip)

Email address

If POA or guardian, provide phone number

By signing below, I certify this information is correct and that I am aware that knowingly making a false statement or falsifying a record in an attempt to defraud SERS is a class 3 felony. I understand that if the SERS Board of Trustees has a reasonable suspicion that an attempt has been made to defraud SERS, it is required to report the matter to the appropriate State's Attorney for investigation.

Member signature _____ **Date** _____