Notice Of Change Form



EMPLOYEES' RETIREMENT SYSTEM

The Maryland-National Capital Park and Planning Commission
6611 Kenilworth Avenue, Suite 100 (301) 454-1415 - Telephone
Riverdale, Maryland 20737 (301) 454-1413 - Facsimile

PART A - MEMBER INFORMATION	
Name (Last, First, Mi)	Social Security Number
Daytime Phone Number	Other Phone Number
Daytime I none i tumber	Other Figure Pulliber
PART B – BENEFIT INFORMATION	
☐ Active Member ☐ Retiree	
☐ Survivor ☐ Dependent	
☐ Beneficiary ☐ Other Name of	f deceased
PART C – ADDRESS CHANGE	
Effective Date	
Former Address	New Address
Address	Address
City, State, Zip Code	City, State, Zip Code
PART D – NAME CHANGE	
Effective Date	
Former Name (Last, First, Mi)	
` , , , ,	
Now Name (Lost Einst Mi)	
New Name (Last, First, Mi)	
A copy of the marriage certificate, divorce decree, or legal separation document must be attached	
PART E – AUTHORIZATION	
To the best of my knowledge and belief, the information that I have provided on this form is correct.	
To the dest of my mis wreage and series, the information that I have provided on this form is correct.	
Print Name of Member or Authorized A	Agent Date
Signature of Member or Authorized A	gent

INSTRUCTIONS

PART A MEMBER INFORMATION

Enter member's current name, social security number, telephone number and/or other phone number.

PART B BENEFIT INFORMATION

Indicate what type of benefit you are receiving.

Write the name of the deceased member.

PART C ADDRESS CHANGE

Enter effective date.

Enter former address and new address.

PART D NAME CHANGE

Enter effective date.

Enter former name and new name. Use full name, including middle name.

If a name change occurred due to marriage a copy of the marriage certificate must be attached. If a name change occurred due to a divorce a copy of the divorce decree must be attached. If name change occurred due to a legal separation a copy of the court document must be attached.

****Please note – It may be necessary to complete a new Designation of Beneficiary Form.

PART E AUTHORIZATION

The Member or an Authorized Agent MUST sign this form for it to be valid. A copy of the Power of Attorney (POA) for an Authorized Agent must be on file with the M-NCPPC ERS.