

5 N 5th Street
Harrisburg PA 17101-0905
Toll-Free: 1.888.773.7748
www.psers.state.pa.us

Member Demographic Change Request



PSRS-1870 (09/2013)

A member's social security number and date of birth are critical factors used to establish the member's account, report service and salary, and/or calculate retirement benefits. Therefore, it is critical that the member's correct information is on file and verified.

Complete Parts A and B, attach a legible copy of the appropriate proof, and return this form at your earliest opportunity.

Note: This form should not be used to request changes to the member's name, address, or gender. Instead, submit such changes in a member demographic record on the PSERS Employer Web.

PART A - MEMBER DEMOGRAPHIC VERIFICATION

Member Full Name:	
Member Social Security Number on file with PSERS:	Corrected Social Security Number (if applicable):
Member Date of Birth on file with PSERS:	Corrected Date of Birth (if applicable):

PART B - EMPLOYER CERTIFICATION

By my signature below, I hereby affirm that the foregoing information is true and correct to the best of my knowledge and belief; said affirmation is being made subject to the penalties prescribed by 18 Pa. C.S. A. Section 4904 (unsworn falsifications to authorities).

Authorized Signature of Employer:	Printed Name:	Date:
Title/Position:	Employer Name:	Employer ID:

For proof of social security number, attach a copy of the member's social security card. For proof of the member's date of birth, attach any of the following:

- Birth certificate
- Baptismal record
- Passport
- PA Driver's License
- School record
- Life insurance policy (listing full date of birth)
- Naturalization record
- Selective Service record
- Armed Forces discharge
- Alien registration record

Attach copy of proof
here or on a separate
sheet of paper

Upon completion, forward or fax this form to:

PSERS
5 N 5th Street Harrisburg PA
17101-1905
FAX: 717.772.3860