

MULTI-PURPOSE CHANGE FORM
Address and Name Changes
Miscellaneous Problems

EMPLOYEE: _____ **SSN:** _____

CO # 40051 EMP. SEQ. # _____ SCHOOL DISTRICT NAME: MRH

1. Employee Termination Effective Date: _____
____ Termination of employment _____ Termination of COBRA coverage

2. Address Change - Effective Date _____
New Address _____

Plan to be notified _____ CIGNA LIFE _____ DELTA DENTAL _____ ANTHEM MEDICAL
_____ VSP

3. Name Change - Effective Date _____

Name: From _____ **To:** _____

Reason: Marriage _____ Divorce _____ Other _____

Plan to be notified _____ CIGNA LIFE _____ DELTA DENTAL _____ ANTHEM MEDICAL
_____ VSP

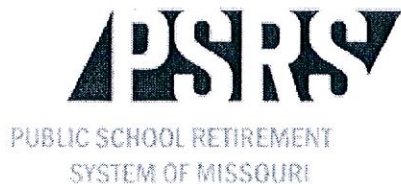
4. Other: _____

EMPLOYEE SIGNATURE: _____ **DATE:** _____

COMPANY AUTHORIZATION: _____ **DATE:** _____

DO NOT WRITE BELOW THIS LINE
MERCER ADMINISTRATION
APPROVAL

BY _____ **DATE:** _____



PO Box 268
 Jefferson City, MO 65102-0268
 (573) 634-5290 or
 Toll Free: (800) 392-6848
 Fax: (573) 634-7934
 Email: psrspeers@psrspeers.org
 Website: www.psrs-peers.org

ADDRESS CHANGE FORM

- Please complete and return this form to PSRS at the address above.
- Please print your full name. Do not use initials or nicknames.
- Keep a copy of this form for your records.

SECTION A – MEMBER INFORMATION																													
First Name										Middle Name										Last Name									
Social Security Number										Member Number (if known)										Telephone									
																				(		)							
Email Address																													
SECTION B – ADDRESS CHANGE REQUEST																													
Please change my mailing address on PSRS records:																													
From																													
Mailing Address										City					State			ZIP											
To																													
Mailing Address										City					State			ZIP											
Effective Date of Change																													
Signature X															Date														