

SCHOOL EMPLOYEES RETIREMENT SYSTEM OF OHIO

300 E. BROAD ST., SUITE 100, COLUMBUS, OHIO 43215-3746 614-222-5853 • Toll-Free 800-878-5853 • www.ohsers.org

PERSONAL INFORMATION CHANGE FORM

Please fill out both sections. We need your old information as well as your new, updated information. Sign the form, then fax or mail it to SERS.

OLD INFORMATION:

NAME		
SOCIAL SECURITY NUMBER	(AREA CODE) PHO	DNE NUMBER
MARITAL STATUS: \Box MARRIED \Box SINGLE		VIDOWED
ADDRESS (NUMBER AND STREET)		APT.
	OTATE	710
CITY	STATE	ZIP
NEW INFORMATION		
NAME If you are changing your name, please see the list of required documentation on the back of this form.		
MARITAL STATUS: 🗆 MARRIED 🗆 SINGLI		
ADDRESS (NUMBER AND STREET)		APT.
CITY	STATE	ZIP
Is the new address your mailing, permanent, or te		
	mporary address?	
□ Mailing □ Permanent □ Temporary		dress is in effect
☐ Mailing ☐ Permanent ☐ Temporary If this is your temporary address, please e	nter the dates the ad	
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Address Changes

A Mailing Address is the address used to receive your mail.

A Permanent Address is your physical residential address. A P.O. Box cannot be entered as your Permanent Address.

A Temporary Address is the address used to receive your mail for a specific timeframe. Please be sure to enter the dates your Temporary Address is in effect.

Name Change

In order to change your name, please enclose a photocopy of one of the following documents:

- driver's license
- birth certificate
- marriage certificate
- divorce decree (with language permitting)
- probate court order
- military records
- Medicare card
- Social Security card