

5 N 5th Street Harrisburg PA 17101-1905 Toll-free: 1.888.773.7748 www.psers.pa.gov Fax: 717.772.3860 PSRS- 1470 (07/2019)	<h2 style="margin: 0;">Member Demographic Change Request</h2>	 <p><b>PSERS</b></p>	Mail Center
--	---	--	-------------

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.

<b>PART A - MEMBER DEMOGRAPHIC VERIFICATION</b>	
<b>Member Full Name</b>	
<b>Member Social Security Number on file with PSERS</b>	<b>Corrected Social Security Number (if applicable)</b>
<b>Member Date of Birth on file with PSERS</b>	<b>Corrected Date of Birth (if applicable)</b>

<b>PART B - EMPLOYER CERTIFICATION</b>		
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).		
<b>Authorized Signature of Employer</b>	<b>Printed Name</b>	<b>Date</b>
<b>Title/Position</b>	<b>Employer Name</b>	<b>Employer ID</b>

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 17101-0905  
FAX: 717.772.3860**