



11410 SW 68th Parkway, Tigard OR 97223  
Mailing Address – PO Box 23700, Tigard OR 97281-3700  
Toll free – 888-320-7377 Fax – 503-598-0561  
Website – <https://oregon.gov/pers>

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## Instructions for Data Verification Request

Use the Data Verification Request form to request a verification of your PERS data.

Type or print clearly in dark ink. Illegible forms could be returned, which could delay your request.

Do not change anything on the form; alterations will void the form.

Members receive one free data verification before retirement; additional verifications are available for \$100 each. If you have already received your one free Data Verification, then you must also submit the Additional Data Verification Request Fee Agreement form when submitting this form.

### Section A: Applicant information

Fill in the Applicant information section completely.

- Enter your PERS ID number. If you do not know your PERS ID number, leave the space provided blank. Your PERS ID number can be found on your annual statement(s) or Online Member Services (OMS).
- Providing your Social Security number (SSN) is voluntary. It will be used for confirmation purposes if you are unable to provide a PERS ID number. If you choose not to supply your SSN, it could take PERS staff longer to process your form.
- Enter your date of birth in the space provided.
- Enter your day and evening phone numbers. Please include the area code. Include your extension number if one is available.
- If you do not have an email address or prefer not to be contacted through email, leave that space blank.

### Section B: Retirement date

Enter your anticipated PERS retirement date.

### Section C: Additional information

This section contains questions that may impact your retirement data. Please answer the questions and provide the dates requested. If you are unsure of the exact dates, estimate the dates as closely as possible. If more than one date applies to any question, enter all the applicable dates.

- If you are an OPSRP Pension Program member, you will receive retirement credit for the time you received duty or non-duty disability payments, up to full retirement age.
- Withdrawing (refunding) your account terminates your PERS membership and cancels all rights to claim retirement credit for any employment before the withdrawal. Refunded time will not show on your Data Verification.
- If you are a Tier One or Tier Two member and meet the eligibility requirements in ORS 238.105, you may be able to reinstate your membership after a withdrawal.
- A leave of absence may impact your service credit. Paid leave counts as time worked for service credit calculations. If unpaid leave is the majority of a month, it will eliminate the service credit for that month. If you don't remember exact dates, provide as much information as you remember.
- Do you have a divorce decree that awards your ex-spouse a portion of your PERS account? If you answer yes, please enclose the decree if you have not already submitted it to PERS. If you answer no, no action is needed.

### Section D: Signature (All sections MUST be completed or we will be unable to process your request.)

Sign and date the form, and mail to PERS PO Box 23700, Tigard, OR 97281-3700. PERS will mail you an account review letter summarizing your employment and salary information. If you believe any information is inaccurate, contact us.



## Data Verification Request

This form is for the Tier One, Tier Two, and OPSRP Pension Programs.

### Section A: Applicant information (Type or print clearly in dark ink. Illegible forms could be returned to you, which could delay your request.)

First name	MI	Last name		PERS number (optional)
Mailing address (street or PO box)				Social Security number (SSN)*
City	State	ZIP code	Country	Date of birth (mm-dd-yyyy)
Home phone number	Work phone number	Cell phone number		Email

### Section B: Retirement date

My anticipated retirement date is the first day of \_\_\_\_\_.  
(mm/yyyy)

Members receive one free data verification before retirement; additional verifications are available for \$100 each.

### Section C: Additional information

C1. Have you ever received PERS disability payments?  Yes  No If yes, when? (Fill in the number of boxes as they apply to you.)

Disability dates 1 Start date _____ (mm/dd/yyyy) End date _____ (mm/dd/yyyy)	Disability dates 2 Start date _____ (mm/dd/yyyy) End date _____ (mm/dd/yyyy)	Disability dates 3 Start date _____ (mm/dd/yyyy) End date _____ (mm/dd/yyyy)
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C2. Have you ever withdrawn your PERS account?  Yes  No If yes, when?

Withdrawal date 1 _____ (mm/dd/yyyy)	Withdrawal date 2 _____ (mm/dd/yyyy)	Withdrawal date 3 _____ (mm/dd/yyyy)
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C3. Have you ever reinstated a withdrawn Tier One/Tier Two account?  Yes  No

If yes, when? \_\_\_\_\_  
Reinstatement date(s) (mm/dd/yyyy)

C4. Have you ever had an unpaid leave of absence (LOA) from PERS-covered employment?  Yes  No  
If yes, when?

Unpaid LOA dates 1 Start date _____ (mm/dd/yyyy) End date _____ (mm/dd/yyyy)	Unpaid LOA dates 2 Start date _____ (mm/dd/yyyy) End date _____ (mm/dd/yyyy)	Unpaid LOA dates 3 Start date _____ (mm/dd/yyyy) End date _____ (mm/dd/yyyy)
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C5. Do you have a divorce decree that awarded your ex-spouse a portion of your PERS account?  Yes  No  
Please enclose the decree if you have not already submitted it to PERS.

### Section D: Signature (All sections MUST be completed or we will be unable to process your request.)

\_\_\_\_\_  
Signature (do not print)

\_\_\_\_\_  
Date

\*Providing your Social Security number (SSN) is voluntary. It will be used for confirmation purposes. If you choose not to supply your SSN, it could take PERS staff longer to process your form. In compliance with the Americans with Disabilities Act, PERS will provide help filling out this form upon request. You can request help by calling toll free 888-320-7377 or TTY 503-603-7766.