OREGON
PERS
PUBLIC EMPLOYEES RETIREMENT SYSTEM

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

Instructions for Data Verification Additional Account Information

Use this form to provide additional account information for your Data Verification Request, including missing or corrected information.

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.

Mail the form to PERS at PO Box 23700, Tigard OR 97281-3700 or fax to 503-598-0561.

If you have questions, contact our Member Services toll free at 888-320-7377.

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 field blank.

Section B: Employment history

Enter missing or corrected employment information. **Enter your employer's official name (e.g., use Portland Public Schools, not Jackson Middle School)**, hire date, termination date, and a description of the missing or incorrect information in the columns provided.

If you have submitted this information using OMS, this section is optional.

Section C: Salary history

Enter missing or corrected salary information by employer and calendar year. Enter the employer name, years of employment for each employer, gross salary, the number of hours worked, and a description of the missing or incorrect information in the columns provided.

If you have submitted this information using OMS, this section is optional.

Section D: Additional comments

Provide any additional information you did not provide in Sections B or C.

If you have submitted this information using OMS, this section is optional.

Section E: Online Member Services information correction

If you identified missing or incorrect information online through OMS, check the box provided, and identify the documents you are submitting by checking the appropriate box(es).

If you **did not** submit missing or incorrect information using OMS, do not complete this section.

Section F: Signature

Sign and date the form.

Instructions for form 459-612 (5/31/2017) SL3 IIM Code: 2852

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Data Verification Additional Account Information

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 ID number (optional)
Mailing address (street or PO box)			Social Security number*
City	State	Zip code	Country	Date of birth (mm/dd/yyyy)
Day phone number	Evening phone number	Cell phone number	Email (optional)

Section B: Employment history

❑ I have reviewed my employment history and have listed information that may be missing or needs to be corrected.

	Information on Data Verification letter that needs to be corrected	Correct or additional information (Use additional paper if needed.)
Employer name		
Hire date		
Termination date		

Note: Enter your employer's official name (e.g., use Portland Public Schools, not Jackson Middle School.)

Section C: Salary history

❑ I have reviewed my salary history and have listed information that may be missing or needs to be corrected.

	Information on Data Verification letter that needs to be corrected	Correct additional information (Use additional paper if needed.)
Employer name		
Year of employment		
Gross salary		
Number of hours worked (optional)		

Section D: Additional comments

Provide any further details you did not include in Section B or Section C.
Please attach documentation of your corrections (e.g., copies of W-2s, pay stubs, Social Security records, etc.)

If you need to provide additional information, please do so on a separate sheet of paper.

Section E: Online Member Services (OMS) information correction

❑ **I have identified missing or incorrect information online through OMS.**

❑ I have attached the following documentation:

   ❑ Copies of information supplied through OMS ❑ W-2s ❑ Pay stubs ❑ Social Security records

   ❑ Other _____

Section F: Signature

_____   _____

Signature (do not print)   Date