



Submit completed form to:  
**County Employees' Retirement Fund**  
 2121 Schotthill Woods Drive  
 Jefferson City, MO 65101  
 Toll Free: 877-632-2373  
 Fax: 573-761-4404

The County Clerk completes and signs this form upon a participant's change in contact information, marital status, or employment status.  
**The employee IS NOT required to sign this form.**

**Note:** This form will not be accepted as a change in beneficiary designation. Please use the appropriate beneficiary form(s), to submit a change to the participant's beneficiaries.

**PREVIOUS PARTICIPANT INFORMATION**

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ County of Employment \_\_\_\_\_

First Name \_\_\_\_\_ Initial \_\_\_\_\_ Last Name \_\_\_\_\_ Suffix \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Work Phone (\_\_\_\_) \_\_\_\_\_ Home Phone/Cell (\_\_\_\_) \_\_\_\_\_

Gender  Male  Female Marital Status  Married  Single Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Date of Hire \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Employee's Dept. \_\_\_\_\_ Employee's Position \_\_\_\_\_

**Employment Status**

County Contribution \_\_\_\_%  Full-Time  
 (cannot exceed 4%)  Seasonal, >1,000 hours  Part-time, >1,000 hours  Non-LAGERS

Employee Contribution \_\_\_\_%  Seasonal, <1,000 hours  Part-time, <1,000 hours  LAGERS  
 (within range of 2% - 6%)

**UPDATED PARTICIPANT INFORMATION (Enter only information that has changed.)**

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ County of Employment \_\_\_\_\_

First Name \_\_\_\_\_ Initial \_\_\_\_\_ Last Name \_\_\_\_\_ Suffix \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Work Phone (\_\_\_\_) \_\_\_\_\_ Home Phone/Cell (\_\_\_\_) \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Gender  Male Marital Status  Married – Must attach copy of marriage certificate, if reporting change in status.  
 Female  Single – Must attach copy of divorce decree or death certificate, if reporting change in status.

Date of Hire \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Employee's Dept. \_\_\_\_\_ Employee's Position \_\_\_\_\_

**Employment Status**

County Contribution \_\_\_\_%  Full-Time (contributions will continue to be withheld when changing from F/T to P/T, based on LAGERS status)  
 (cannot exceed 4%)  Seasonal, >1,000 hours  Part-time, >1,000 hours  Non-LAGERS

Employee Contribution \_\_\_\_%  Seasonal, <1,000 hours  Part-time, <1,000 hours  LAGERS  
 (within range of 2% - 6%)

Check the box at the left if the updated participant address also affects beneficiaries who resided at the participant's previous address.

**REQUIRED SIGNATURE – See Below**

The above information for this participant has changed effective \_\_\_\_\_ (date). Please update all records for this participant. If this is for participant's change to part-time employment, I have notified the participant that they are eligible for the \$10,000 death benefit only during the months in which they work.

**Signature of County Clerk** \_\_\_\_\_ **Date** \_\_\_\_\_