

Change Of Information Form

DIRECTIONS

This form is for retirees or former employees who would like to change their information.

Current employees can log in to ORACLE Employee Self Service or contact the Department of Human Resources.

STEP 1

Please complete form by typing or printing in ink. Please remember to sign.

STEP 2

Submit your form:

- A) During business hours:
Monday – Friday
8:00 AM – 4:00 PM,
With a photo ID
- B) By faxing to:
813-274-7289
- C) By mailing to: General Employees’ Retirement Fund 306 E Jackson St, 7E Tampa FL 33602

STEP 3

Forms are processed during mid month. Any forms received **after** processing, will be held and processed for the following month.

You may call us for deadline updates: 813-274-7850

THANK YOU!

OFFICE USE ONLY

Date Received: _____
Received By: _____
ID Verified: _____
Date Scanned: _____

PART A. MEMBER INFORMATION

Check Changes: Address Phone Email Name Effective date for changes _____
Name: _____ Last 4 of social security: _____ Pension ID: _____

PART B. ADDRESS CHANGE

PREVIOUS ADDRESS: _____ NEW ADDRESS: _____

PART C. PHONE AND EMAIL

PREVIOUS PHONE NUMBER: _____ NEW PHONE NUMBER: _____

ADDITIONAL NUMBER(S): _____
PREVIOUS EMAIL: _____ NEW EMAIL: _____

PART D. NAME CHANGE (Must provide drivers license, social security card, or marriage license)

PREVIOUS NAME: _____
NEW NAME: _____

PART E. CERTIFICATION

I hereby authorize the General Employees’ Retirement Fund to update my information as provided above.

I am the member

I am a Power of Attorney or guardian, and documentation is attached

Signature

Date

OFFICE USE ONLY

Processed By: _____ Checked By: _____ Date Complete: _____