

Name <small>Last</small> <small>First</small> <small>Middle</small>		Date of Birth - -	Plan Type (Check One)
Social Security Number - -		Email Address	<input type="checkbox"/> School
New Address		City	State
Home Phone		Work Phone	Zip
			<input type="checkbox"/> State
			<input type="checkbox"/> County
			<input type="checkbox"/> Judges
			<input type="checkbox"/> Patrol
			<input type="checkbox"/> DCP

Member Demographic Change

ADDRESS CHANGE

Former Address _____

 City, State, Zip _____

NAME CHANGE

Former Name of Member _____
LAST FIRST MIDDLE

New Name of Member _____
LAST FIRST MIDDLE

Maiden Name _____
 (If applicable) LAST FIRST MIDDLE

If you are actively employed by the Nebraska School, State, County, Judges or State Patrol, all demographic changes must be made through your employer.

To ensure that your account is current, you **must submit this signed, completed** form to the Nebraska Retirement Systems by mail or in person. Inactive members may also make address changes through our web site at: npers.ne.gov.

SIGNATURE _____ Date _____