

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

Inactive 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

This form is to be used only by inactive members not currently receiving a benefit. 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, inactive members 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 _____