



Information Verification Form 2024

The purpose of this form is to verify vital information pertaining to Wayne County retirees. To comply with audit requirements, you are asked to provide this office with current information. Please complete the fields below, sign and return this form within 60 days of the date of this letter. Failure to respond may result in suspension of pension and/or benefits. **If you have any questions, please call (313) 224-5891.**

Information About You:

_____		XXX - XX -
Print Full Name (first, mi, last)		Social Security Number
_____ / _____ / _____	_____	() - -
Date of Birth	Retirement ID Number	Daytime Phone Number
_____		_____
Street Address		Email Address
_____	_____	_____
City	State	Zip Code
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced (date _____) <input type="checkbox"/> Remarried (date _____) <input type="checkbox"/> Widowed (date _____)		

Emergency Contact Information

_____	() - -	
Print Full Name (first, mi, last)	Daytime Phone Number	
_____	_____	
Street Address	Email Address	
_____	_____	
City	State	Zip Code

Signature

The information I completed above is correct to the best of my knowledge. I am aware that providing incorrect information to the Wayne County Employees' Retirement System will delay the processing of my pension and/or benefits. This document must be signed and dated. **Please remember to provide us with any change in your information.**

Member/Personal Representative Signature Date

Personal Representative Printed Name **(acceptable court papers must be provided)**

