

October 24, 2014

Retirement ID#

First Name Last Name

Address

Address 1

City, State Postal Code

Dear First Name Last Name,

The Wayne County Employees' Retirement Commission has a legal and fiduciary obligation to ensure that pension benefits recipients are providing accurate information to the Retirement System. The purpose of this form is for you, the retiree or beneficiary, to provide the Retirement Commission with your most recent and accurate information. The Retirement Commission can then confirm that you remain eligible to continue pension or retirement benefits.

You must return this form within 45 days of the date of this letter. Failure to respond may result in the suspension of your pension or benefits, which will remain suspended until the Retirement System receives your verification form. The Retirement System is not responsible for any incidental expense incurred due to the suspension of your pension payment.

If you have any questions, please call (313) 224-5890 or (313) 224-5891.

Sincerely,

Robert Grden

Robert Grden, Executive Director

Wayne County Employees' Retirement System





Information Verification Form

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 45 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) 224-5890 or (313) 224-5891.

Information About You:

Full Name (first, mi, last)		XXX - XX -
		Social Security Number
/ /		() - -
Date of Birth	Employee 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 _____)		

Information About Your Spouse:

Full Name (first, mi, last)	XXX - XX -
	Social Security Number
/ /	
Date of Birth	

Signature and Witness:

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, witnessed, and dated. **Please remember to provide us with any change in your information.**

Signature	Date	Witness	Date
<input type="checkbox"/> Personal Representative			

Power of Attorney / Conservator / Legal Guardian:

If you are the personal representative of a Wayne County retiree or the spouse who is receiving beneficiary monies, you must provide our office with a copy of acceptable court papers designating you as the representative. Failure to comply may result in suspension of pension and/or benefits.