



MICHIGAN OFFICE OF RETIREMENT SERVICES

P.O. Box 30171 · Lansing, MI 48909-7671

Michigan.gov/ORS

Toll Free: 800-381-5111

Fax: 517-284-4416

Name, Address, and Contact Information Change — *For Inactive, Deferred and Retirees*

MEMBER'S NAME (LAST, FIRST, M.I.)	MEMBER ID OR SSN	DATE OF BIRTH
CURRENT MAILING ADDRESS		TELEPHONE NUMBER
CITY, STATE, ZIP CODE		EMAIL ADDRESS

Your change(s) will take effect once we receive and process your request, which may take up to 30 days.
Want it faster? Use miAccount at **Michigan.gov/ORSmiAccount** to make a same-day change to your address, phone number, or email address. To change your name, please continue with this form.

Name Change

Fill out this section if you are changing your name. Provide legal documentation of your name change such as a copy of a marriage certificate, divorce decree, or Social Security card.		
NEW LAST NAME	FIRST NAME	M.I.

Physical Address Change

Fill out this section if you are changing the address where you live. Your physical address cannot be a PO Box. Moving to a foreign address? Contact ORS at (800) 381-5111 for further instructions.	
PHYSICAL ADDRESS (CANNOT BE A PO BOX)	APT OR SUITE
CITY STATE, ZIP CODE	COUNTY OF RESIDENCE

Mailing Address Change

Fill out this section if you are changing the address where you receive your mail. <input type="checkbox"/> CHECK IF SAME AS PHYSICAL ADDRESS	
MAILING ADDRESS (IF SAME AS PHYSICAL, LEAVE BLANK)	APT OR SUITE
CITY, STATE, ZIP CODE	

Certification

<i>This form must be signed before it can be processed. If a member is unable to sign, the endorser must enclose a copy of his or her authorization of guardianship, power of attorney, or conservatorship.</i>	
_____ APPLICANT SIGNATURE	_____ DATE

**Return your completed form and any attachments to:
 ORS, P.O. Box 30171, Lansing, MI 48909-7671**

