

INPRS/PERF

Indiana Public Employees Retirement Fund

www.inprs.in.gov

_____-_____-_____/_____/_____
Social Security Number Date of Birth (mm/dd/yyyy)

_____|_____|_____
First MI Last Name

Address

_____|_____|_____
City State Zip Code

(____)_____
Telephone Number

Gender ____ Female ____ Male Current Marital Status ____ Single ____ Married

Date of Full-time Employment _____

Have you been a member of PERF before? ____ Yes ____ No

Is this an Elected Position? ____ Yes ____ No

**A mandatory contribution of 3% of your gross wages will be deducted from each paycheck.

****If you have been a member of PERF before it is your responsibility to contact PERF to update your information. This would include any address, telephone number or beneficiary changes.**

Printed Name

Signature

Date