

Change of Employer Contact Information

Please type or print clearly in black ink.

■ **Important** – Employers use this form to update current employer, designated agent or additional signer contact information. Do not use this form to designate a new designated agent or additional signer. Please use a Designation of Agent form (KPERS-2) to designate a new agent or additional signer.

■ **Contact Us** – toll free: (888) 275-5737 • phone: (785) 296-6166 • fax: (785) 296-6638
e-mail: kpers@kpers.org • web site: www.kpers.org • mail: 611 S. Kansas Ave., Suite 100, Topeka, KS 66603

■ **Part A – Employer Information** – Always complete this section.

1. Employer: _____ 2. KPERS Employer Number: _____

■ **Part B – Change Employer Address** – This information will update our records.

Previous Information

New Information

1. Mailing Address: _____ Mailing Address: _____
City, State, Zip: _____ City, State, Zip: _____

■ **Part C – Change Designated Agent or Additional Signer Contact Information** – This information will update our records. All e-mails must be unique to that person. Individuals cannot share an e-mail address.

Note: An e-mail change will generate a new employer web portal password and the user will need to complete the enrollment process again on the portal.

1. Name (First, MI, Last): _____

Previous Information

New Information

2. Title: _____ Title: _____
3. Telephone Number: (____) _____ Telephone Number: (____) _____
4. Fax Number: (____) _____ Fax Number: (____) _____
5. E-mail Address: _____ E-mail Address: _____

■ **Part D – Required Designated Agent Signature** – The designated agent's signature is required for the Retirement System to accept this form.

Designated Agent Signature: _____ Month/Day/Year: ____/____/____