



CHANGE OF EMPLOYER CONTACT INFORMATION

■ **Important** – Employers use this form to update contact information. **Do not use this form to designate a new designated agent or secondary signer.** Please use a Designation of Agent form (KPERS-2) to designate a new agent or secondary signer, or an Additional Employer Web Portal Access form (KPERS-2A) to name additional users for specific responsibilities.

■ **Contact Us** – toll free: 1-888-275-5737 • phone: 785-296-6166 • fax: 785-296-6638
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■ **Part A – Employer Information** – Always complete this section.

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

■ **Part B – Change Employer Address** – This information will update our employer record. A physical street address is required, but you may also list a P.O. Box as your primary mailing address.

Previous Information

1. Street Address: _____
P.O. Box (optional): _____
City, State, Zip: _____

New Information

Street Address: _____
P.O. Box (optional): _____
City, State, Zip: _____

■ **Part C – Change Individual Contact Information** – This information will update our individual contact record. The mailing address can be different than the main employer address. All e-mails must be unique to that person. Individuals **cannot** share an e-mail address.

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

Previous Information

2. Title: _____
3. Mailing Address: _____
City, State, Zip: _____
4. Telephone Number: (____) _____
5. Fax Number: (____) _____
6. E-mail Address: _____

New Information

Title: _____
Mailing Address: _____
City, State, Zip: _____
Telephone Number: (____) _____
Fax Number: (____) _____
E-mail Address: _____

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

■ **Part D – Deletions** – List names of secondary signers or additional users you are replacing or who have left employment. New signers and users do not automatically replace current ones. It is important to delete unnecessary signers and users.

Name (First, MI, Last): _____

Name (First, MI, Last): _____

■ **Part E – 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: ____/____/____