



11410 SW 68th Parkway, Tigard OR 97223  
Mailing Address – PO Box 23700, Tigard OR 97281-3700  
Toll free – 888-320-7377 Fax – 503-598-0561  
Website – <https://oregon.gov/pers>

## Instructions for the Account Reconciliation Request

**Important: Read instructions before you complete and submit this form.**

This form is used to capture your concerns about the accuracy of your employment information. It provides you an opportunity to document your concerns for subsequent review and reconciliation by PERS staff. Your PERS member account is reconciled when you apply for a benefit.

This form will be scanned to your file and reviewed when you apply for a benefit. Any changes to your account will be implemented at that time. You will not receive any confirmation that PERS has received this form.

### General instructions

- Type or print clearly in dark ink. Illegible forms could be returned, which could delay your request.
- Do not change anything on the form; alterations will void the form.
- Sign and date the form.
- Make a copy of this form and all submitted materials for your records.

### Section A: Applicant information

Fill in the applicant information section completely.

- Providing your Social Security number (SSN) is voluntary. It will be used for confirmation purposes. If you choose not to supply your SSN, it could take PERS staff longer to process your form.
- If you do not know your PERS number, leave the space provided blank.
- We advise you to provide your phone numbers and email address so we can reach you with information or questions about your form.
- If you prefer not to be contacted through email or by phone, leave those fields blank.

### Section B: Statement

If there isn't sufficient space provided on the form, please provide more information on an additional sheet of paper. Attach that sheet of paper to this form. Enter any missing or incorrect employment and/or salary information. Include in your statement:

- a description of the information you believe is incorrect,
- a short statement describing how and why you believe the information is wrong, and
- a statement of facts you believe shows the information is wrong.

Please use your employer's official name (e.g., Portland Public Schools, not Jackson Middle School), and include the number of hours you worked, hire date(s), termination date(s), and gross salary, as appropriate.

### Section C: Documentation

Provide any documentation that will help PERS review your claim that information on your member account is incorrect (e.g., copies of W-2s, pay stubs, Social Security records, etc.). Identify which documents you are providing by checking the appropriate check box(es), and attach the documents to the form.

### Section D: Applicant signature (required)

Sign and date the form. Mail the completed form to PERS, PO Box 23700, Tigard OR 97281-3700, or fax the form to 503-431-8298.



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## Account Reconciliation Request

### Section A: Applicant information (Type or print clearly in dark ink. Illegible forms could be returned to you, which could delay your request.)

First name		MI	Last name		Social Security number (SSN)*
Mailing address (street or PO box)					PERS ID (optional)
City		State	ZIP code	Country	Date of birth (mm/dd/yyyy)
Home phone number	Work phone number		Cell phone number	Email (optional)	

### Section B: Statement

Please use the space below for a description of the information you believe is missing or incorrect. Include a statement describing how and why you believe the information is wrong and a statement of facts you believe shows the information is wrong. If there isn't sufficient space provided on the form, please provide more information on an additional sheet of paper, and attach that sheet of paper to this form.

### Section C: Documentation

Please attach any documents that would help PERS review the information on your member account. Identify documentation you are providing by checking the appropriate check box(es).

- W-2s     
  Pay stubs     
  Social Security records  
 Other \_\_\_\_\_

### Section D: Applicant signature (required)

Sign and date this form.

\_\_\_\_\_  
Signature (do not print)

\_\_\_\_\_  
Date

PERS will not acknowledge receipt of your Account Reconciliation Request form. We will review your account to reconcile incorrect data at the time you apply for a benefit.

\*Providing your Social Security number (SSN) is voluntary. It will be used for confirmation purposes. If you choose not to supply your SSN, it could take PERS staff longer to process your form. In compliance with the Americans with Disabilities Act, PERS will provide help filling out this form upon request. You can request help by calling 888-320-7377 or TTY 503-603-7766.