

Change in Personal Information for MCPS Retirees and Former Employees

Employee and Retiree Service Center (ERSC)
MONTGOMERY COUNTY PUBLIC SCHOOLS
45 West Gude Drive, Suite 1200, Rockville, Maryland 20850

INSTRUCTIONS (Please type or print)

Use this form to change or correct your name, title, date of birth, address, and/or Social Security number (only after receipt of your new official Social Security card). Complete this form, sign, and return it to the Employee and Retiree Service Center (ERSC). **You may fax the form to 301-279-3642/301-279-3651 or email an electronically signed Adobe PDF file to ERSC@mcpsmd.org**

1. You must complete ALL sections in the first box.
2. You must go (in person) to your local Social Security Administration office to complete the required form to change your Social Security records. Requested name changes will only be processed as they appear on your Social Security card.
3. You will need to contact Aetna and the Maryland State Retirement Agency directly to update your address with these organizations.
4. If you are an MCPS retiree who is working in a substitute or temporary assignment, you must visit the [Employee Self-Service \(ESS\)](http://montgomeryschoolsmd.org/departments/ersc/employees/employee-self-service/) web page at montgomeryschoolsmd.org/departments/ersc/employees/employee-self-service/ and click on **My address change** to update your address with MCPS for payroll purposes.
5. If you are an MCPS retiree who is working in a substitute or temporary assignment, you must complete a new W-4 if you change marital status and/or number of exemptions for income tax withholding purposes. All W-4 changes are made online. To access the online form, visit the ESS web page and click on **My W-4** under the green My Pay banner.

EMPLOYEE INFORMATION

Name: _____
Last, First, Middle

Effective date of change ____/____/____ Employee ID # _____ **or** Social Security # _____-_____-_____

CHANGES

CORRECT DATE OF BIRTH TO: ____/____/____ Attach copy of birth certificate or valid driver's license.

____ **CHANGE TITLE TO:** 1 = Miss 2 = Ms. 3 = Mrs. 4 = Mr. 5 = Dr.

CHANGE NAME TO (Type or print former name above. **If name changed by court order, attach copy of order** e.g., marriage certificate, divorce decree):

Last, First, Middle

CHANGE SOCIAL SECURITY NUMBER TO: _____-_____-_____ **Attach copy of Social Security card**

CHANGE EMAIL ADDRESS TO: _____

CHANGE ADDRESS/PHONE

From:

Street *Apt. #*

City *State* *ZIP Code* *Phone #*

To:

Street *Apt. #*

City *State* *ZIP Code* *Phone #*

Maryland County _____

SIGNATURE

Employee Name: (please print) _____

I understand that my electronic submission of this form and my electronic signature are intended to be, constitute, and are equivalent to my personal signature.

Employee Signature: _____ Date ____/____/____