



**Municipal Employees' Retirement System of Michigan**  
 1134 Municipal Way • Lansing, MI 48917  
 800.767.MERS (6377) • Fax: 517.703.9717  
 www.mersofmich.com

## Customer Contact Form

### For Existing Customers:

To update existing information, please contact a member of your MERS Regional Team or call our Service Center at 800.767.6377. We will be able to look up your existing contact records and ensure that changes are made with minimal complication.

Please print • Keep a copy for your own records

### 1. Municipality identification

Municipality name*	Municipality number (6 digits including reporting unit)*
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This information is intended to:

- Replace all** contact information on file with what is provided below (also use this for new/initial contact information)
- Update or add to** existing information with contact information provided below

### 2. Address information

#### Primary address

Name of location*		Street*	
P.O. Box	City*	State	Zip*

#### Alternate address 1 (if applicable)

Name of location		Street	
P.O. Box	City	State	Zip

#### Alternate address 2 (if applicable)

Name of location		Street	
P.O. Box	City	State	Zip

### 3. Municipal contacts

#### Primary contact\* (one per employer)

Receives Annual Actuarial Valuation, Financial Reports, News Alerts, and other communications

Name*	Position title	E-mail*
Phone (area code and number)*	Fax (area code and number)	Address:* <input type="checkbox"/> Primary <input type="checkbox"/> Alternate 1 <input type="checkbox"/> Alternate 2
<input type="checkbox"/> Authorized Signer      Portal access: <input type="checkbox"/> Reporting Portal <input type="checkbox"/> Plan Details Access <input type="checkbox"/> ePayment		

#### Finance contact (one per employer)

Receives Annual Actuarial Valuation, Financial Reports, News Alerts, Quarterly Statements, Invoices, Financial-specific Communications, and Plan Details Access

Check here if same as Primary Contact

Name*	Position title	E-mail*
Phone (area code and number)*	Fax (area code and number)	Address:* <input type="checkbox"/> Primary <input type="checkbox"/> Alternate 1 <input type="checkbox"/> Alternate 2
If applicable, please select the following roles/access: <input type="checkbox"/> Authorized Signer <input type="checkbox"/> Reporting Portal <input type="checkbox"/> Plan Details Access <input type="checkbox"/> ePayment		

\* Required field

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### 3. Municipal contacts – continued

#### Human Resource contact (one per employer)

Receives Participant-specific Communication, News Alerts, Interest & Valuation Statement.

Check here if same as Primary Contact

Name*	Position title	E-mail*
Phone (area code and number)*	Fax (area code and number)	Address:* <input type="checkbox"/> Primary <input type="checkbox"/> Alternate 1 <input type="checkbox"/> Alternate 2
If applicable, please select the following roles/access: <input type="checkbox"/> Authorized Signer <input type="checkbox"/> Reporting Portal <input type="checkbox"/> Plan Details Access <input type="checkbox"/> ePayment		

#### RHFV Investment Contact (one per Retiree Healthcare Funding Vehicle employer)

Applies when RHFV is adopted and the Governing Body has named a specific individual with permission to make investment allocation changes.

Check here if same as Primary Contact

Name*	Position title	E-mail*
Phone (area code and number)*	Fax (area code and number)	Address:* <input type="checkbox"/> Primary <input type="checkbox"/> Alternate 1 <input type="checkbox"/> Alternate 2
This contact will have access to the Reporting Portal and will make investment changes on behalf of the municipality.		

### 4. Additional contacts

Use this section to add contacts other than those listed above.

Note: This is limited to Plan Details, Reporting Portal, ePayment, and some Financial Reports

<b>Additional contact 1</b>		
Name	E-mail	Phone
<input type="checkbox"/> Authorized Signer <input type="checkbox"/> Reporting Portal <input type="checkbox"/> Plan Details Access <input type="checkbox"/> ePayment <input type="checkbox"/> Quarterly Statements <input type="checkbox"/> Annual Actuarial Valuation <input type="checkbox"/> Authorized Contact		
<b>Additional contact 2</b>		
Name	E-mail	Phone
<input type="checkbox"/> Authorized Signer <input type="checkbox"/> Reporting Portal <input type="checkbox"/> Plan Details Access <input type="checkbox"/> ePayment <input type="checkbox"/> Quarterly Statements <input type="checkbox"/> Annual Actuarial Valuation <input type="checkbox"/> Authorized Contact		
<b>Additional contact 3</b>		
Name	E-mail	Phone
<input type="checkbox"/> Authorized Signer <input type="checkbox"/> Reporting Portal <input type="checkbox"/> Plan Details Access <input type="checkbox"/> ePayment <input type="checkbox"/> Quarterly Statements <input type="checkbox"/> Annual Actuarial Valuation <input type="checkbox"/> Authorized Contact		

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### 5. Approval

MERS is committed to respecting and protecting the privacy of its members, retirees, beneficiaries, and participating employers. For this reason MERS staff will not give out any information on your employees unless they are on this contact form.

MERS uses all the administrative, procedural, physical, and electronic safeguards required to keep your valuable information safe from foreseeable threats and unauthorized use. MERS is constantly working to update and improve these safeguards to better serve you and provide you with security, now and in the future.

MERS collects only the information necessary to administer the system and its benefits for the exclusive benefit of its members, retirees, beneficiaries and participating employers. We are dedicated to protecting personal information from unauthorized use and take every reasonable precaution to safeguard such information. We recommend that you encourage your employees and retirees to review statements and confirmations for accuracy.

Authorized by (Primary Contact or Chair of Governing Entity must sign)

Date (mm/dd/yyyy)

### Submitting this form:

When you have completed this form, please mail or fax it to MERS at:

**Municipal Employees'  
Retirement System of Michigan**

1134 Municipal Way  
Lansing, MI 48917

Fax: 517.703.9717

**Questions?** Please contact us at 800.767.MERS (6377).

*If you have speech or hearing difficulties and need assistance completing this form, contact the Michigan Relay Center at 800.649.3777. If you have other disabilities, contact MERS at 800.767.MERS (6377) to request special accommodations.*