

MONTGOMERY COUNTY PUBLIC SCHOOLS**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 e-mail 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. Log in using your MCPS username and password and follow the on-screen instructions. After submitting your changes, you will receive an e-mail confirmation.

EMPLOYEE INFORMATIONName: _____
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 ADDRESS/PHONE****From:**_____
Street *Apt. #*_____
City *State* *ZIP Code* *Phone #***To:**_____
Street *Apt. #*_____
City *State* *ZIP Code*

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 ____/____/____