



Member Service Request Form

Benefits Division

- Service Retirement - Expected Retirement Date: _____ Service Purchase
 NLOD Disability LOD Disability Transfer Service Credit Award Letter
 Refund Contributions Address CHNG Direct Deposit / Tax Withholding CHNG
 Estimate – Expected Retirement Date: _____ Beneficiary DOB: _____

Retirement Savings Plan Hybrid/ Non-Hybrid

- Retirement: _____ Enrollment / Plan Explanation
 New Hire Packet Incoming/ Outgoing Rollover Leave Payout
 Online Assistance/ Specific Plan Inquiry Beneficiary CHNG Hardship Request

Accounting Division

- 1099R Year: _____ Check Reissue- Check Date: _____

Call Log Date: Time: Call Rec'd By:

MEMBER INFORMATION

Name: SSN: Date of Birth:
 Address:
 Home Phone: Cell: WK:
 Personal Email: WK Email:
 Comments:

Service Request Handled By:
 Team/ Name: Date: