



SECOND NOTICE

Information Verification Form 2021

The purpose of this form is to verify vital information pertaining to Wayne County retirees. To comply with audit requirements, you are asked to provide this office with current information. Please complete the fields below, sign and return this form within 45 days of the date of this letter. Failure to respond may result in suspension of pension and/or benefits. If you have any questions, please call (313) 224-5890 or (313) 224-5891.

Information About You:

_____		XXX - XX -
Print Full Name (first, mi, last)		Social Security Number
_____ / _____ / _____	_____	() - -
Date of Birth	Employee ID Number	Daytime Phone Number
_____		_____
Street Address		Email Address
_____	_____	_____
City	State	Zip Code
<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced
	<input type="checkbox"/> Remarried	<input type="checkbox"/> Widowed
	(date _____)	(date _____)

Information About Your Spouse/Beneficiary:

_____		XXX - XX -
Full Name (first, mi, last)		Social Security Number
_____ / _____ / _____		
Date of Birth		

Signature and Witness:

The information I completed above is correct to the best of my knowledge. I am aware that providing incorrect information to the Wayne County Employees' Retirement System will delay the processing of my pension and/or benefits. This document must be signed, witnessed, and dated. **Please remember to provide us with any change in your information.**

_____	_____	_____	_____
Member/Personal Representative Signature	Date	Witness Signature	Date
_____	_____	_____	_____
<input type="checkbox"/> Personal Representative Printed Name		Witness Printed Name	

Power of Attorney / Conservator / Legal Guardian:

If you are the personal representative of a Wayne County retiree or the spouse who is receiving beneficiary monies, you must provide our office with a copy of acceptable court papers designating you as the representative. Failure to comply may result in suspension of pension and/or benefits.

BOARD OF TRUSTEES
EMPLOYEE MEMBERS

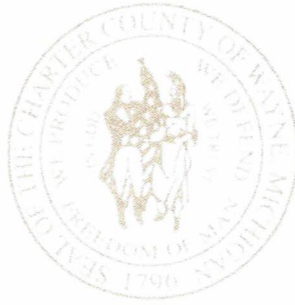
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Deputy Director

GABRIEL ROEDER SMITH & CO.
Actuary

ANDREW VOSBURGH, M.D.
Medical Director

April 28, 2021

Name
Address
City, State Zip

Employee ID#:

Dear:

The Wayne County Employees' Retirement System has a legal and fiduciary obligation to ensure pension benefits recipients are providing accurate information to the Retirement System. In accordance with Retirement System policy, to ensure such information remains up to date and accurate, you are required, as a pension benefit recipient, to complete the enclosed Information Verification Form. The Retirement Commission can then confirm that you remain eligible to continue pension or retirement benefits.

Please be advised that this is your 2nd notice. You must return this form within 45 days of the date of this letter. Failure to respond may result in the suspension of your pension or benefit, which will remain suspended until the Retirement System receives your verification form. The Verification Form must be signed by a witness who is 18 years or older **but does not need** to be notarized.

The completed form may be returned to the Retirement office by one (1) of the following ways:

- Fax to (313) 293-3450
- Scanned and emailed to eretirement@waynecounty.com
- Mail via the United States Postal Service

The Retirement System is not responsible for any incidental expenses incurred due to the suspension of your pension payment.

If you have any questions, please call our office at (313) 224-5890 or 313-224-5891.

Best regards,

Robert J. Grden

Robert J. Grden, Executive Director, Wayne County Employees' Retirement System