

# MACOMB COUNTY

## Human Resources and Labor Relations Department

1 South Main Street, 6<sup>th</sup> Floor Mount Clemens, MI 48043 • Phone (586)469-5280 • Fax (586)469-6795

### **PENSION RECIPIENT SIGNATURE VERIFICATION**

The Macomb County Employees Retirement System (MCERS) requires an annual verification of personal information, such as name, address, phone number and signature of individuals receiving a pension. **This form is to be completed in its entirety, witnessed and returned** to the Macomb County Human Resources and Labor Relations Department to avoid interruption of your monthly pension benefit. **If completing this form on behalf of the pension recipient, Power of Attorney paperwork or court document must be on file with Retirement Services (or attached).**

#### **Section 1: Pension Recipient Information (please print)**

Name (Last, First, Middle)		Social Security No. (last four only) <b>XXX-XX-</b> _____	
Street Address		City, State and Zip Code	
Home Phone No. (      )		Cell Phone No. (      )	
E-Mail Address:			
Is any of the above information new since 2022, if yes check below: <input type="checkbox"/> Street Address <input type="checkbox"/> Home Phone No. <input type="checkbox"/> Cell Phone No. <input type="checkbox"/> E-mail Address			

#### **Section 2: Pension Recipient Acknowledgement**

As a pension recipient of the Macomb County Employees Retirement System (MCERS), I certify that all the information I have provided on this form is true and accurate. Failure to submit a completed form, with witness acknowledgment, will result in the suspension of pension payments and medical benefits. **If completing this form on behalf of the pension recipient, Power of Attorney paperwork or court document must be on file with Retirement Services (or attached).**

\_\_\_\_\_  
**Signature of Pension Recipient or Power of Attorney**

\_\_\_\_\_  
**Date**

#### **Section 3: Witness Acknowledgement REQUIRED (please print)**

Witness Name (Last, First, Middle) <b>(Non-Spouse)</b>			
Street Address		City, State and Zip Code	
Daytime Phone No. (      )			
I declare (or certify, verify, or state, under penalty of perjury) that the pension recipient whose signature is reflected above is personally known to me and is known by me to reside at the location noted in Section 1 and can be contacted at the telephone number provided.			
_____ <b>Signature of Witness</b>		_____ <b>Date</b>	