



HUMAN RESOURCES AND LABOR RELATIONS DEPARTMENT

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June 22, 2020

Dear Macomb County Retiree/Pension Recipient:

During this unprecedented time, Macomb County Employees Retirement System (MCERS) hopes you and your family are safe and well. Annually, MCERS must verify the recipients of a monthly pension are paid appropriately and ensure personal information on file with our office is correct. Enclosed is the Pension Recipient Signature Verification form.

The form must be completed and returned to the Human Resources and Labor Relations Department **no later than Friday, July 31, 2020.**

For your convenience during this unprecedented time, Human Resources and Labor Relations have enclosed a self-addressed stamped envelope for your convenience. Please return the original form in the envelop provided.

After August 14, 2020, if you would like an email confirmation your form has been received, please email Retirement@macombgov.org.

If you have any questions, please contact Human Resources and Labor Relations, Retirement Services at (586) 469-5113.

Sincerely,

Macomb County Employees Retirement System

Macomb County Employees Retirement System

Enclosure

MACOMB COUNTY

Human Resources and Labor Relations Department

1 South Main Street, 6th 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, 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)
Street Address	City, State and Zip Code	
E-Mail Address		
Daytime Phone No. ()	Check yes if any of the information in Section 1 is new: YES <input type="checkbox"/>	

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 acknowledgement, will result in the suspension of pension payments and medical benefits.

Signature of Pension Recipient or Power of Attorney

Date

Section 3: Witness Acknowledgement (please print)

Witness Name (Last, First, Middle)	
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.	
_____ Signature of Witness	_____ Date