



Active Member Contact Information Form

Complete, sign, and mail or upload this original form to ERSGA, along with a copy of a clear, legible **valid photo identification**. Do not email. Changes are not valid until received by ERSGA. Contact your employer's Human Resources department to update your name, address, date of birth, or SSN.

Section 1: Personal Information

Your Information

First Name	_____	Home Phone	_____
Middle Initial	_____	Cell Phone	_____
Last Name	_____	Email	_____
SSN	_____		
Date of Birth	_____		
	(mm/dd/yyyy)		

Section 2: Signature & Acknowledgement

To update your name, address, date of birth, or SSN, contact your employer's Human Resources department.

I acknowledge:

- I am an active member
- I have attached a clear, legible copy of a valid photo ID

Signature (handwritten)

Date

Online: To use this form, complete, sign, and upload, along with a legible copy of a **valid photo identification**. The ID number, name, date of birth, and expiration date must be clear and legible. Valid photo identification is one of:

- A Georgia Driver's License
- U.S. passport ID, U.S. military photo ID, or tribal photo ID
- Any state or federal government-issued photo ID, including a free ID Card issued by your county registrar's office or the Georgia Department of Driver Services (DDS)

Upload by scanning the documents (use a home scanner or mobile app), log in to your ERSGA account at ers.ga.gov, and click on the *File Upload* link. Allow two business days after uploading a document for it to be available to ERSGA staff.

Mail: Complete, sign, and mail this **original form** along with a copy of a clear, legible **valid photo identification** to:

ERSGA
Two Northside 75, Suite 300
Atlanta, GA 30318-7778