



Form # 382
1400 West Third
Little Rock, AR 72201
Phone (501) 682-1517
Fax: (501) 682-2359
www.artrs.gov

Benefit and Address Verification Affidavit

****Please return this form by March 31st to ensure that retirement benefits and insurance deductions (if applicable) are not suspended****

ATRS ID _____

Name (Last, First, Middle) _____

Address _____

City _____ State _____ ZIP _____

Mobile Phone (_____) _____ Email _____

I certify that the number shown on this form is my correct ATRS identification number and that I reside at the above address.

Payee's Signature: _____ Date: _____

If you have questions, please contact us by phone at 501-682-1517 or by email at Info@artrs.gov. Our office hours are 8:00 a.m. to 5:00 p.m., Monday through Friday.