



Form # 382
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Benefit and Address Verification Affidavit

---FAILURE TO RETURN THIS FORM MAY RESULT IN THE SUSPENSION OF YOUR BENEFITS---

If you have any questions regarding this form, please contact us at (501) 682-1517.

ATRS ID _____
Name (Last, First, Middle) _____
Address _____
City _____ State _____ ZIP _____
County of Residence _____
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: _____