

### RETIREE CHANGE OF ADDRESS FORM

Note: This form is to ONLY be used for updating your address NOT to transfer plans or add/drop dependents/optional riders. A change of address may necessitate a change of health plans. Please check with your plan to see if your NEW address is within their service area. If you need to change health plans as a result of your new address, you must contact:

- The University Benefits Office if you are a TIAA-CREF member
- The Office of Labor Relations Employee Benefits Program if you are a TRS or NYCERS member

Name: \_\_\_\_\_ Social Security Number \_\_\_\_\_

College Retired from: \_\_\_\_\_ Retirement date: \_\_\_\_\_

Pension System (Circle One):      TIAA-CREF      TRS      NYCERS

**NEW ADDRESS:**

Number and Street \_\_\_\_\_ Apt. Number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Daytime Telephone Number: (\_\_\_\_) \_\_\_\_\_

**OLD ADDRESS:**

Number and Street \_\_\_\_\_ Apt. Number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

NOTE: RETIREE MUST NOTIFY HEALTH CARRIER AND PENSION SYSTEM OF CHANGE OF ADDRESS

Retiree Signature \_\_\_\_\_ Date \_\_\_\_\_

UBO Use Only:  
cc: Sent copy to College Personnel Office \_\_\_\_\_ Medicare (Part B) File \_\_\_\_\_

\\forms\address change 8/8/11

