



NOTIFICATION OF ADDRESS CHANGE INACTIVE OR VESTED RIGHTS MEMBERS

Name* _____

SSN* (last 4 digits) _____

Please change my home address from:

Address* _____

City* _____ State* _____ Zip Code* _____

To new home address : Check here if Mailing Address

Address* _____

City* _____ State* _____ Zip Code* _____

Phone change

Home Phone Number _____

Cellular Phone Number _____

Work Phone Number _____

Email change

Home Address _____

Work Address _____

Signature* _____ Date* _____

FOR ACTIVE EMPLOYEES, CONTACT YOUR DEPARTMENTAL PERSONNEL CLERK.

*Indicates a required field

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