

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 _____