

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: xxx-xx-

Email Address: _____

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 NYC Office of Labor Relations (OLR), PSC-CUNY Welfare Fund, and their pension system of their change of address.

NYC Office of Labor Relations 40 Rector Street, 3 rd Floor New York, NY 10006 (212) 306-7200 Fax (212) 306-7756 HB Unit	PSC-CUNY Welfare Fund 61 Broadway, 15 th Floor New York, NY 10006 (212) 354-5230	TIAA-CREF 730 Third Avenue New York, NY 10017 (800) 842-2252	TRS 55 Water Street New York, NY 10014 (888) 869-2877	NYCERS 335 Adams Street, Ste 2300 Brooklyn, NY 11201-3724 (347) 643-3000 (877) 669-2377 (outside NYC)
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Retiree Signature _____ Date _____

UBO Use Only:
 Sent copy to College Benefits Officer _____ Entered in Medicare Part B File _____