



Office of Human Resources Management
 Shared Services - University Benefits Office
 555 West 57th Street, 11th Floor
 New York, NY 10019
 Tel: 646-313-8231
 Fax: 646-313-8888

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:

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

Name: _____ Social Security Number: xxx-xx-

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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 _____ Telephone Number: (____) _____

OLD ADDRESS:

Number and Street _____ Apt. Number _____

City _____ State _____ Zip Code _____

The completed change of address form must be returned to the University Benefits Office at the address above.

You must notify NYC Office of Labor Relations (OLR), PSC-CUNY Welfare Fund, and your pension system (either TIAA-CREF, TRS and/or NYCERS) of you change of address.

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

Retiree Signature _____ Date _____

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

