

CHANGE OF ADDRESS

Copy to Payroll _____

COMPLETE/VERIFY ALL INFORMATION, **INCLUDING HOME PHONE** (please include whether or not it is being changed).

EFFECTIVE DATE

(If past action, use today's date)

LAST NAME

FIRST NAME

MIDDLE NAME OR INITIAL

PERNER NO. (Found on Paystub)

MU STATUS

(Employee, retired, or otherwise separated)

HOME ADDRESS

HOME PHONE ☐ CELL PHONE ☐ ()

Complete even if unchanged

RESIDENCY CERTIFICATION COMPLETED? ☐ Yes (include with change of address form) ☐ No change

Must complete if you have changed municipalities - Not Sure? Use this link to confirm old municipality vs. new municipality

IF AFSCME **RETIREE** & MEMBER OF SERS
RETIREMENT PLAN - CALL SERS DIRECTLY @
1- 800-633-5461

YES ☐ NO ☐

IF AFSCME **RETIREE** & MEMBER OF PSERS
OR ALTERNATIVE RETIREMENT PLAN (ARP),
CONTACT HR FOR PROPER FORM AND/OR
CONTACT INFO

YES ☐ NO ☐

IF IN TIAA-CREF RETIREMENT PLAN:
EMPLOYEE MUST CALL 800-842-2776 OR GO
ON-LINE @ <http://www.tiaa-cref.org/public/support/help/maintenance/updating/index.html>

YES ☐ NO ☐

IF IN ALTERNATIVE RETIREMENT PLAN
(ARP) - CALL HUMAN RESOURCES FOR
CONTACT INFORMATION

YES ☐ NO ☐

DOES YOUR EMERGENCY CONTACT INFO ON
FILE NEED TO BE UPDATED

YES ☐ NO ☐

Return to Human Resources - Dilworth, Room 105 - HR will confirm changes upon receipt. Questions, comments, please call 872-3017

HR Use Only

TAKEN BY

INPUT BY/DATE