

RETIREE CHANGE OF ADDRESS FORM

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 this office for further instructions.

Retiree Name: _____
Last Name First Name Middle Initial

SS Number: _____ Pension Number: _____

Current Address: _____
Number and Street Apt. #

City State Zip Code

NEW Address: _____
Number and Street Apt. #

City State Zip Code

NEW Phone Number: _____
Area Code Phone Number

SIGNATURE: _____ Date _____

Mail Completed Form to:
New York City
Office of Labor Relations
Health Benefits Program
40 Rector Street, 3rd Floor – Attn: Retiree Unit
New York, New York 10006