Office of Faculty and Staff Relations
University Benefits Office
535 East 80th Street
New York, NY 10075
Tel: 212-794-5342
Fax: 212-794-5587

Baruch College - Office of Human Resources
135 East 22nd Street
Room 200
New York, NY 10010
Tel: 646-660-6590
Fax: 646-660-6591

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 (Select 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 _____

\forms\address change 10/23/07