



Office of Human Resources Management  
 University Benefits Office  
 395 Hudson Street – 5<sup>th</sup> Floor  
 New York, NY 10014  
 Tel: 646-664-3409  
 Fax: 646-664-3418

## 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 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-

--	--	--	--

Email Address: \_\_\_\_\_

College Retired from: \_\_\_\_\_ Retirement date: \_\_\_\_\_

Pension System (Circle One):                      TIAA                      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, TRS and/or NYCERS) of you change of address.

NYC Office of Labor Relations 40 Rector Street, 3 <sup>rd</sup> Floor New York, NY 10006 (212) 306-7200 Fax (212) 306-7756 HB Unit	PSC-CUNY Welfare Fund 61 Broadway, 15 <sup>th</sup> Floor New York, NY 10006 (212) 354-5230	TIAA 730 Third Avenue New York, NY 10017 (800) 842-2252	TRS                      or 55 Water Street New York, NY 10014 (888) 869-2877	NYCERS 335 Adams Street, Ste2300 Brooklyn, NY 11201-3724 (347) 643-3000 (877) 669-2377 (outside NYC)
--	--	--	--	--

Retiree Signature \_\_\_\_\_ Date \_\_\_\_\_