Office of Human Resources Management
University Benefits Office
395 Hudson Street – 5th 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

_____ Telephone Number: (___)_____
City State Zip Code

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	PSC-CUNY Welfare Fund	TIAA	TRS or	NYCERS
40 Rector Street,3rd Floor	61 Broadway, 15th Floor	730 Third Avenue	55 Water Street	335 Adams Street, Ste2300
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 _____