The City University of New York

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

RETIREE CHANGE OF ADDRESS FORM

Name: _____ Social Security Number_____

College Retired from: _____ Retirement date: _____

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: College Personnel Office _____ Medicare (Part B) File _____

\forms\address change 2/9/05