

CHANGE OF ADDRESS FORM

Name: _____ **Last 4 digits of SSN:** _____

E-Mail Address: _____

INSTRUCTIONS:

1. Please print or type and sign the form. All changes require a signature for processing.
2. Return the form using one of the following methods:
 - a. Mail to: **City of San José, Office of Retirement Services**
1737 N. First St Suite 600
San José, CA 95112
 - b. Fax to: **(408) 392-6732**
 - c. E-mail scanned document to: **csj_retirement@sanjoseca.gov**
3. For help with filling out the form, call the Benefits Division at (408) 794-1000.

Retiree/Survivor Requests the Following ADDRESS Change(s):

HOME ADDRESS: You must enter your HOME address. (NO PO Boxes):				
FORMER HOME ADDRESS:				Home Phone #
Number	Street	City, State	Zip	
				Cell #
CURRENT HOME ADDRESS:				Home Phone #
Number	Street	City, State	Zip	
				Cell #

MAILING ADDRESS (if different than the HOME address):				
FORMER MAILING ADDRESS:				
Number	Street	City, State	Zip	
CURRENT MAILING ADDRESS:				
Number	Street	City, State	Zip	

NOTE: In compliance with Federal Law, California income tax is not to be withheld from pension recipients who reside outside of California. If you are moving outside of California, Retirement Services will terminate your California State Income Tax withholdings as of the effective date below. If this is a temporary change or you are **NOT** changing your legal residency and would **NOT** like your State of California Personal Income Tax Withholding terminated, check the following box:

Continue withholding State of California Income Taxes.

Certain health plans have limited service areas that are defined by your home address. Prior to moving, please verify on our website if your intended new address meets the eligibility requirements of your current medical enrollment. If your medical coverage will be affected because you are moving out of the service area, please submit a Health Enrollment Change Form within 30 days of your address change.

Retiree/Survivor or

POA* Signature: _____ **Effective Date:** _____



*Must have Power of Attorney Documentation in member's file or submission with this form.

07/18/2019
DEM100