

Purpose of the Form

- Use this form to change your mailing address for your CCCERA accounts. Statements, correspondence, tax information, and benefit payments will be sent to this new address.

Instructions

- Complete the form in blue or black ink.
- **Active Members** (currently working for a CCCERA employer). Do not use this form. You must change your address with your employer. CCCERA will receive address change information directly from your employer.
- **Retirees, Survivors, Divorce Split Payees and Deferred Members** (not currently working for a CCCERA employer). Send this form directly to CCCERA.

Full Name		Social Security #	
Daytime Phone Number (with area code)	Email Address		Employee #
Tell Us Who You Are: <input type="checkbox"/> Deferred <input type="checkbox"/> Retiree <input type="checkbox"/> Survivor <input type="checkbox"/> Divorce Split Payee Active Members: <i>Do not use this form. You must change your address with your employer.</i>			
New Address	Street or P.O. Box		
	City	State	Zip Code
Old Address	Street or P.O. Box		
	City	State	Zip Code
Effective Date of Change – mm/dd/yyyy			
Signature			Signature Date – mm/dd/yyyy

FOR RETIREMENT STAFF USE ONLY – DO NOT WRITE	
Transaction or Payroll Date – mm/dd/yyyy	
Date – mm/dd/yyyy	Initials