



P: 714.558.6200 | website: ocers.org

Submit this form to:
Mail: PO Box 1229
Santa Ana, CA 92702

CHANGE OF ADDRESS FORM

****Retired:** **Deferred:**

(If you are an Active Member please notify your Human Resources Department. Changes will NOT be effective until notice has been given to OCERS from your Human Resources Department.)

Member's Name: _____

Social Security Number (last 4 digits): XXX-XX-_____

"Old" Address: _____

"New" Address: _____

Phone No: (_____) _____

Email Address: _____

Member's/Payee's Signature

Date

****If you are a Retired/Payee Member, and are receiving medical benefits coordinated by the County of Orange, please notify **Employee Benefits at 1 (833) 476-2347** in order to ensure continued updated information regarding your medical benefits.**