



P.O. Box 1229, Santa Ana, CA 92702

Phone (714) 558-6200

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.**