

Retiree Change of Address Form

Active Employees: Log onto PeopleSoft Self Service to change your address directly under Personal Information

| Employee ID Number | | | | | |
|---|-----------------|--------------|--|----------------|--|
| Full Name (First, MI, | Last) | | | | |
| Home Phone Number | (10-digits) | | | | |
| Cell Phone Number (1 | 0-digits) | | | | |
| Preferred Email Addre | SS | | | | |
| Home: Provide old address below: | | | Home: Provide new address below: | | |
| City | | Zip Code | City | State Zip Code | |
| Check this box if Mailing address is same as above | | | Check this box if Mailing address is same as above | | |
| Mailing: Provide old address below: | | | Mailing: Provide new address below: | | |
| City | State | Zip Code | City | State Zip Code | |
| Signature of Employee / Retiree / Surviving Spouse / POA Please circle off appropriate option for signature | | | Today's Date | | |
| Print Name of Above Signature | | | Telephone number of the individual signing the form | | |
| | | Return the c | ompleted form by: | | |
| Email (Preferred): HR_E | mployeeBenefits | @panynj.gov | - Subject Line: Address Chang | ge | |
| | | | r, 150 Greenwich Street, Floor Care & Solutions - Address C | | |

Note: Please be advised, Retirees must separately notify NYSLRS/RRB about your change of address. <u>NYSLRS</u>: Toll-free at 1-866-805-0990 ; <u>RRB</u>: Toll-free at 1-877-772-5772