

## Retiree Change of Address Form

Name: \_\_\_\_\_ Effective date: \_\_\_\_\_

Please Print

Former Address	New Address
Street:	Street:
City & State:	City & State:
Zip Code:	Zip Code:
Old Phone #'s:	New Phone #'s:
Cell:	Cell:
Home:	Home:

Retiree is responsible to update the following (if applies):

RTA Welfare Trust (Dental/Vision) Shaun Ramsey - [SRamsey@rhinebeckcsd.org](mailto:SRamsey@rhinebeckcsd.org)

TRS – <https://www.nystrs.org/retirees>

ERS – <http://www.osc.state.ny.us/retire/>

For Office Use:

		nVision				Health Insurance
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