

STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY

DIVISION OF PENSIONS AND BENEFITS
PO Box 295, Trenton, NJ 08625-0295

CHANGE OF ADDRESS FORM

Please print all required information and return the completed form to the mailing address shown above. This form will be rejected if your retirement/membership number and/or your Social Security number is not completed.

Date: _____

Name: _____

Pension System: PERS TPAF DCRP PFRS SPRS ABP JRS

Membership or Retirement Number: _____

Social Security Number: _____ - _____ - _____

Daytime Phone Number: (_____) _____
AREA CODE

Type of Change: Active Employee Address Change for Health Benefits
Note: The Division does not maintain addresses for active employee pension accounts. Notify your employer of any change in your address.

Retiree Address Change for Pension and Health Benefits

Former Mailing Address: _____
ADDRESS

_____ ADDRESS 2

_____ CITY STATE ZIP

Date New Address in Effect: _____
MONTH DAY YEAR

New Mailing Address: _____
ADDRESS

_____ ADDRESS 2

_____ CITY STATE ZIP

Signature of Member or Retiree