

Official Change of Address Form Benefits – Payroll

Date:

SSN or Member Number:

Name:

Old Home Address:

New Home Address (change “NO P.O. BOX):

Old Mailing Address:

New Mailing Address (change):

Home Phone:

Cell Phone:

Signature:

*******Change will not be made without a signature**

Mail Changes to: Westchester County
Benefits/Payroll
Room 730
148 Martine Ave.
White Plains, N.Y. 10601

Fax: 914-995-3289

Email: amo4@westchestergov.com

Received Date

Change of Address Form

RS 5512

Please type or print clearly
 In blue or black ink

NYS LRS ID

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Social Security Number [last 4 digits]

XXX-XX- □□□□

Retirement System [check one]

(Rev. 10/18)

Employees' Retirement System (ERS)

Police and Fire' Retirement System (PFRS)

Name:	Former Name: (if applicable)	Date of Birth: (mm/dd/yyyy)
Old Address Information:		
Street Address:		
City:	State:	Zip Code:
New Address Information:		
Street Address 1:		
Street Address 2:		
City:	State:	Zip Code:
Daytime Telephone Number: () -	E-mail Address:	
Signature:	Date: (mm/dd/yyyy)	

This form cannot be processed without your signature.

Mail this completed form to:
 New York State and Local Retirement System
 Member & Employer Services
 Registration- Mail Drop 5-6
 110 State Street
 Albany, NY 12244

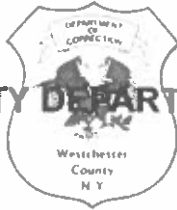
Personal Privacy Protection Law

The Retirement System is required by law to maintain records to determine eligibility for and calculate benefits. Failure to provide information may interfere with the timely payment of benefits. The System may be required to provide certain information to participating employers. The official responsible for record maintenance is the Director of Member and Employer Services, NYS and Local Retirement System, Albany, NY 12244; call toll-free at 1-866-805-0990 or 518-474-7736 in the Albany Area.

***Social Security Disclosure Requirement**

In accordance with the Federal Privacy Act of 1974, you are hereby advised that disclosure of your Social Security account number is mandatory pursuant to Sections 11, 34, 311 and 334 of the Retirement and Social Security Law. The number will be used in identifying retirement records and in the administration of the Retirement System.





WESTCHESTER COUNTY DEPARTMENT OF CORRECTION

EMERGENCY COMMUNICATIONS / CHANGE OF ADDRESS FORM

SOCIAL SECURITY# _____ - _____ - _____

FIRST NAME _____ MI _____ LAST NAME _____ Maiden (If applicable)

CURRENT ADDRESS _____ APT.# _____ CITY _____ STATE _____ ZIP _____

PREVIOUS ADDRESS _____ CITY _____ STATE _____ ZIP _____

()
AREA CODE PHONE # _____ DOB _____ SEX _____

JOB LOCATION (DIV) _____ RANK _____ SHIELD # _____ SHIFT _____ SQUAD _____

IN CASE OF EMERGENCY - PLEASE NOTIFY _____ PHONE # (GIVE AT LEAST 2 #'S) _____

OFF-DUTY WEAPONS

MAKE	MODEL	CALIBER	SERIAL #	PERMIT #

SECONDARY EMPLOYMENT/SCHOOLING

BUSINESS ADDRESS _____

CITY / STATE / ZIP _____ BUSINESS PHONE # _____

NATIONAL GUARD / RESERVE UNIT _____ LOCATION _____ TELEPHONE _____

ADVANCED EDUCATION / DEGREES _____ SPECIALIZED FIREARM/ WEAPONS TRAINING _____

SPECIALIZED LANGUAGE SKILLS _____

SPECIALIZED FIREFIGHTING EXPERIENCE _____ SPECIALIZED EMERGENCY/MEDICAL SKILLS _____

SIGNATURE

DATE

WHITE COPY - PERSONNEL FILE
PINK COPY - SIU

YELLOW COPY - DIVISION
GOLDENROD COPY - DOC INFORMATION SERVICES