



Address Change Form

Type or print in ink.

MEMBER INFORMATION

FIRST NAME:	MI:	LAST NAME:	DATE OF BIRTH:	SOCIAL SECURITY NUMBER:

OLD ADDRESS

MAILING ADDRESS:		CITY:	STATE:	ZIP CODE:
HOME ADDRESS:		CITY:	STATE:	ZIP CODE:
HOME PHONE:	CELL PHONE:	EMAIL ADDRESS:		

NEW ADDRESS

MAILING ADDRESS:		CITY:	STATE:	ZIP CODE:
HOME ADDRESS:		CITY:	STATE:	ZIP CODE:
HOME PHONE:	CELL PHONE:	EMAIL ADDRESS:		

IS THIS CHANGE TEMPORARY? YES NO REACTIVATE OLD ADDRESS ON: _____

RETIRED MEMBERS ONLY:

DO YOU WANT YOUR UPDATED INFORMATION FORWARDED TO RESCO? YES NO

DO YOU WANT YOUR UPDATED INFORMATION FORWARDED TO RESCO INSURANCE/PACIFIC GROUP AGENCIES? YES NO

DO YOU WANT YOUR UPDATED INFORMATION FORWARDED TO STANISLAUS COUNTY RISK MANAGEMENT? YES NO

CURRENT EMPLOYEES – ANY CHANGES ARE TO BE MADE THROUGH EMPLOYER

I authorize StanCERA to update my confidential member information. If applicable, I authorize StanCERA to release my updated member information to the groups checked "YES" above, waiving my privacy right outlined in Government Code §31532. StanCERA is not responsible for your information once it has been provided to the above-named groups.

Member Signature: _____ Printed Name: _____ Date: _____