



Retiree Information Change Form

Retiree Information		
Name (First, M.I., Last):	Retiree SSN/Rec#:	
Email:	Home Phone:	
Check All That APPLY:		
<input type="checkbox"/> Name Change	<input type="checkbox"/> Address Change	<input type="checkbox"/> Phone or Email Change
New Legal Name - Proof Required for Name Change. Attach copy of Social Security Card		
Name (First, M.I., Last):		
Retiree Contact Information		
<input type="checkbox"/> New street address:		
City:	State:	ZIP Code:
<input type="checkbox"/> New mailing street address:		
City:	State:	ZIP Code:
<input type="checkbox"/> New primary phone:		
<input type="checkbox"/> New E-mail Address:		
Retiree Signature:		Date:
<p>Return completed form to: Mail: Human Resources Benefits Division - P.O. Box 1569, Riverside, CA 92502 Email: benefits@rivco.org Fax: 951-955-3490</p> <p style="text-align: center;">For assistance, contact the Benefits Line at (951) 955-4981 Option 1</p>		