



RETIREE ADDRESS CHANGE FORM

Please use this form to inform the Office of Human Resources of a change in your address.

SECTION 1: Participant Identification

Participant Name: _____

Participant SSN: _____

SECTION 2: Previous Address

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

SECTION 3: New Address

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Print Name: _____ Signature: _____ Date: _____

BY MAIL:

Office of Human Resources
Retiree Benefits
101 Administration Bldg
Warrensburg, MO 64093

BY FAX:

660-543-4200