New York State Nurses Association

**NYSNA Pension Plan**

PO Box 12430
Albany, NY, 12212-2430
PHONE (877) RN BENEFITS
FAX (518) 456-3954
www.rnbenefits.org

# Retiree Change of Address Form

This form must be completed and returned to the Plan office within 30 days.
Use the enclosed envelope or fax to the above number.

Retiree Name: _____

Social Security Number: _____

Previous Employer: _____

Email Address: _____

Effective Date for New Address: _____

New Address: _____

_____

_____

New Telephone Number (please include area code):

_____

Retiree Signature:_____

Date: _____