

SACRAMENTO CITY EMPLOYEES' RETIREMENT SYSTEM (SCERS)
ADDRESS and NAME CHANGE FORM

Name: _____ Last 4 digits of your SSN: _____
Home Phone Number: () _____
Cell Phone Number: () _____ Employee ID: #00 _____

ADDRESS CHANGE

NEW ADDRESS:

Home Address _____ City _____ State _____ Zip _____

Mailing Address* _____ City _____ State _____ Zip _____

* ONLY if you want your checks mailed to a different address than your home address.

NAME CHANGE

CURRENT NAME:

NEW NAME:

Full Name: _____ Full Name: _____

Attach a copy of the following documents showing your new name:

- Driver's License or Passport
- Social Security Card

Please change my address and/or name as indicated above.

Signature _____ Date _____

NOTE: PLEASE ALSO COMPLETE A NEW EFT FORM IF YOU HAVE A CHANGE IN YOUR DIRECT DEPOSIT.

Please return completed form to the following address:

HR/Benefits Division TEL: 916-808-5665
City of Sacramento FAX: 916-808-7326
Historic City Hall
915 I Street, Plaza Level
Sacramento, CA 95814-2604

FOR OFFICE USE ONLY:

Delta DPO 09505-2033 _____ DeltaCare 75500-0002 _____ VSP _____ CIL _____ UHC _____

KP 1880-7/1880-41 _____ SHP _____ WHA _____ Life Status _____ E-Caps _____