

Retiree Change of Address Form

I authorize the City of Arlington to change my address on the following plans.

Please check all applicable boxes.

- Medical Plan
- Dental Plan
- Vision Plan

Please check all applicable boxes.

<p>*Privacy Act of 1974 Disclosure Authority: Workforce Services Department, City of Arlington. Purpose: Tracking of retirees and verification of retiree identity. Routine Uses: The Social Security Number is used to verify the identity of retirees and to track the retirees in various personnel and insurance systems. Disclosure: Voluntary. However, failure to furnish the Social Security Number may result in delayed changes.</p>	<p>Texas Municipal Retirement System now requires members to complete a separate TMRS Address or Name Change Form. This form is available on the TMRS website.</p>
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Old Address

New Address

Telephone: _____

Telephone: _____

Name (please print)

SS #

Signature

Date

<p>Please mail to: City of Arlington, Texas Workforce Services MS 63-0790 P.O. Box 90231 Arlington, TX 76004</p>
