



RETIREE CHANGE OF ADDRESS FORM

Changing Physical Address

Changing Mailing Address

Changing Both

First Name	MI	Last Name
Member ID or Social Security Number		

PREVIOUS ADDRESS

Address		
City	State	Zip Code

NEW ADDRESS

Address		
City	State	Zip Code

Signature	Date	Phone Number
-----------	------	--------------

MAIL COMPLETED FORM TO:

TSS - EMPLOYEE BENEFITS DIVISION
PO BOX 15610
LITTLE ROCK, AR 72231

OR

FAX COMPLETED FORM TO:

501-682-1200