



California Public Employees' Retirement System

Address Change Authorization

Section 1

Participant Information

Please include your first name, middle initial and last name.

Participant's Full Name

Social Security Number or CalPERS ID

Change Requested

- Update my address for mailing my checks or direct deposit slip
- Change my physical address
- Change my address for mailing other information

Section 2

New Address Information

Please fill in your correct mailing address.

In Care of (if applicable)

If you have health coverage through CalPERS your mailing address cannot be a P.O.Box

Address

*If you are changing to a foreign address please provide Province/Territory and Country

P.O. Box	City	State	Zip Code
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Province/Territory*	Country*
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Please include country code if using a foreign telephone number

Telephone Number

Section 3

Required Signature

Signature and Date are required

Acknowledgement:

I am a Guardian/Conservator or have Power of Attorney for the person entitled to the allowance. (A copy of Guardian/Conservators/Power of Attorney papers must be on file with CalPERS before an address change will be completed.)

Signature

Date (mm/dd/yyyy)

Privacy Notice

The privacy of personal information is of the utmost importance to CalPERS. The following information is provided to you in compliance with the Information Practices Act of 1977 and the Federal Privacy Act of 1974.

Information Purpose

The information requested is collected pursuant to the Government Code (sections 20000 et seq.) and will be used for administration of Board duties under the Retirement Law, the Social Security Act, and the Public Employees' Medical and Hospital Care Act, as the case may be. Submission of the requested information is mandatory. Failure to comply may result in CalPERS being unable to perform its functions regarding your status.

Please do not include information that is not requested.

Social Security Numbers

Social Security numbers are collected on a mandatory and voluntary basis. If this is CalPERS' first request for disclosure of your Social Security number, then disclosure is mandatory. If your Social Security number has already been provided, disclosure is voluntary. Due to the use of Social Security numbers by other agencies for identification purposes, we may be unable to verify eligibility for benefits without the number.

Social Security numbers are used for the following purposes:

1. Enrollee identification
2. Payroll deduction/state contributions
3. Billing of contracting agencies for employee/ employer contributions
4. Reports to CalPERS and other state agencies
5. Coordination of benefits among carriers
6. Resolving member appeals, complaints, or grievances with health plan carriers

Information Disclosure

Portions of this information may be transferred to other state agencies (such as your employer), physicians, and insurance carriers, but only in strict accordance with current statutes regarding confidentiality.

Your Rights

You have the right to review your membership files maintained by the System. For questions about this notice, our Privacy Policy, or your rights, please write to the CalPERS Privacy Officer at 400 Q Street, Sacramento, CA 95811 or call us at **888 CalPERS** (or **888-225-7377**).