

# ESSEX REGIONAL RETIREMENT SYSTEM

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## CHANGE OF ADDRESS FORM

PRINT NAME: \_\_\_\_\_

SOCIAL SECURITY NUMBER (LAST FOUR): XXX-XXX-\_\_\_\_\_

DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(mm/dd/year)

### CURRENT/FORMER ADDRESS:

\_\_\_\_\_  
Street

\_\_\_\_\_  
Apt/Suite/Other

\_\_\_\_\_  
City/Town

\_\_\_\_\_  
State and Zip

### NEW ADDRESS:

\_\_\_\_\_  
Street

\_\_\_\_\_  
Apt/Suite/Other

\_\_\_\_\_  
City/Town

\_\_\_\_\_  
State and Zip

Effective date of the new address: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(mm/dd/year)

Is this a temporary or permanent address: (Please check the appropriate box below)

Temporary

Permanent

**IMPORTANT:** *If the new address listed above is a temporary address, please complete and submit to the retirement system a separate Change of Address form when the temporary address is no longer effective.*

**ADDITIONAL CONTACT INFORMATION:**

CURRENT TELEPHONE: \_\_\_\_\_ (Home)

\_\_\_\_\_ (Cell)

\_\_\_\_\_ (Other)

CURRENT EMAIL: \_\_\_\_\_

**ADDITIONAL MEMBERSHIP INFORMATION:**

MEMBERSHIP STATUS: (Please check one below)

Active Member     Retired Member     Inactive Member     Beneficiary

EMPLOYER UNIT IN ERRS: \_\_\_\_\_

*Please sign the completed form below. Thank you for keeping your account information up-to-date.*

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE