CHANGE OF ADDRESS / NAME CHANGE

(PERS Retiree)

Important: As a PERS retiree, the City of Sacramento cannot change your address/name with PERS. You must contact PERS directly at 1-888-225-7377 or log into your account at https://www.calpers.ca.gov/ to make this change with PERS. This form will change your records on file with the City of Sacramento.

ame: Last 4 Digits of SSN:			
Date of Birth:			
□ ADDRESS CHANGE			
NEW ADDRESS			
Home Address	City	State	Zip
*Mailing Address	City	State	Zip
Area Code Phone Nur	mber		
*ONLY if you want your checks/c	correspondence mailed to a difference	ent address than you	r home address.
□ NAME CHANGE			
CURRENT NAME:	NEW NAM	E:	
Full Name:		e:	
Attach a copy of the following Driver's License Social Security Card	documents showing new name	<u>e:</u>	
Please change my address and	d/or name as indicated above.		
SIGNATURE	DATE		
Please return completed form to Ci 915 I Street, Plaza Level Sacramento, CA 95814	ity of Sacramento HR/Benefits Div TEL: 916-808-56 FAX: 916-808-7	665	
F	OR OFFICE USE ONLY:		
Delta Dental KP 1880-41	1/1880-7 CIL	WHA	
UHC Life Status	SHP VSP	eCAPS _	