



**ADDRESS CHANGE - PAYEE**

Sonoma County Employees' Retirement Association  
433 Aviation Boulevard, Suite 100, Santa Rosa, CA 95403  
Tel: (707) 565-8100 / Fax: (707) 565-8102  
www.scretire.org

|                    |       |           |                                |
|--------------------|-------|-----------|--------------------------------|
| _____              |       |           | XXX-XX-_____                   |
| Print Name         |       |           | SSN Last four digits           |
| _____              |       |           | _____                          |
| Address            |       |           | Home Phone                     |
| _____              | _____ | _____     | _____                          |
| City               | State | Zip Code  | Cell Phone                     |
| _____              |       |           | _____                          |
| E-Mail Address     |       |           | Effective Date                 |
| _____              |       | <b>OR</b> | _____                          |
| Member's Signature |       |           | Power of Attorney's Signature* |
|                    |       |           | Date                           |

*\*Must have Power of Attorney Documentation in member's file or submission with this form.*

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*SCERA forwards this form to the Employer's Health Insurance Administration Department when you respond "Yes" to the comments below.*

I have health insurance through the County of Sonoma.  Yes

I have health insurance through Sonoma Superior Courts.  Yes