

ADDRESS CHANGE



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

I am (choose one)

- payee
- all others

Please change my address to the following:

Effective date: _____

_____	XXX-XX-	_____
Print Name		SSN last 4 digits
_____	_____	_____
Signature		Date
_____	_____	_____
Home phone	Cell phone	Email

For your protection, a signature is required to implement this change.

For payees only:

- Do you have health insurance through the County of Sonoma? Yes No
- Do you have health insurance through Sonoma Superior Courts? Yes No

SCERA forwards this form to the employer when you respond "Yes" to the above questions.