

Contra Costa County Retiree/Survivor Change of Address Form

PERSONAL INFORMATION			
NAME (Last)	(First)	(MI)	SOCIAL SECURITY NUMBER
NEW ADDRESS		xxx-xx-	EMPLOYEE NUMBER
CITY		STATE	DATE OF MOVE
ZIPCODE		HOME PHONE NUMBER	
FOR OFFICE USE ONLY			
SIGNED		BUC	
DATE		Health Plan Eligibility Verified	
NOTES:			
Send completed form to: Contra Costa County, Employee Benefits Office, 651 Pine Street, 5th Floor, Martinez, CA 94553			