



California Public Employees' Retirement System

Address Change Authorization

Instructions

To update your CalPERS address, use this form and ensure that you sign and date it. For faster processing, CalPERS recommends to update your address via your myCalPERS account.

- If you are currently employed, please contact your employer instead to update your address.
- If you are submitting this form on behalf of someone else, you must acknowledge your authority.
 - A copy of your Guardian/Conservator or Power of Attorney must be approved by CalPERS and on file before any address change can be completed.
- If you are moving from another state to California or your new address is outside of California, consider updating your California state income tax withholding through your myCalPERS account or the Tax Withholding Election available on www.calpers.ca.gov.

Note: The security of your account is important to CalPERS and additional validation may be required to complete your request.

Submit this completed form by mail to: CalPERS, P.O. Box 942715 Sacramento, CA 94229-2715 or fax to (800) 959-6545.

Section 1

Participant Information

Please complete the fields below

Name (Last, First, Initial)

Social Security Number or CalPERS ID

Telephone (for foreign numbers add Country Code)

Email Address

Section 2

Delivery Preference

Complete the form below and indicate your new mailing, physical, and benefit payment addresses, and remember to provide your Province/Territory and Country for foreign addresses.

Note: If you don't fill in the Physical Address or Benefit Payment address sections, your Mailing Address will be used as the default address.

Mailing Address

Care of (if applicable)

Address

P.O. Box

City

State ZIP Code

Province/Territory*

Country*

Physical Address

The physical address is where you live and might be different from your mailing address.

Note: If you have health coverage through CalPERS, this address cannot be a P.O. Box.

Same as Mailing

Care of (if applicable)

Address

City

State ZIP Code

Province/Territory*

Country*

Benefit Payment Address

The Benefit Payment address is where your Check or Benefit Statement is mailed to.

Same as Mailing

Care of (if applicable)

Address

P.O. Box

City

State ZIP Code

Province/Territory*

Country*

Section 3

Required Signature

Signature and Date are required

I Am (Select one):

The Participant, filling this out to update my account.

OR

The Guardian, Conservator, or Power of Attorney, filling this out on behalf of the Participant.

Note: A copy of Guardian, Conservators, or Power of Attorney papers must be on file with CalPERS before an address change will be completed.

Print Name

Signature (This form is not valid unless you sign it.)

Date (mm/dd/yyyy)

Privacy Notice

The privacy of personal information is of the utmost importance to CalPERS. The following information is provided to you in compliance with the Information Practices Act of 1977 and the Federal Privacy Act of 1974.

Information Purpose

The information requested is collected pursuant to the Government Code (sections 20000 et seq.) and will be used to conduct CalPERS Board of Administration duties under the Public Employees' Retirement Law, the Social Security Act, and/or the Public Employees' Medical and Hospital Care Act, as the case may be. Submission of the requested information is mandatory. Failure to submit the required information may result in CalPERS being unable to perform its functions regarding your status.

Please do not include information that is not requested.

Social Security Numbers

Social Security numbers are collected either on a mandatory or voluntary basis. If this is CalPERS' first request for disclosure of your Social Security number, then disclosure is mandatory. If your Social Security number has already been provided, disclosure is voluntary. Due to the use of Social Security numbers by other agencies for identification purposes, we may be unable to verify eligibility for benefits without the number.

Social Security numbers are used for the following purposes:

1. Enrollee identification
2. Payroll deduction/state contributions
3. Billing of contracting agencies for employee/employer contributions
4. Reports to CalPERS and other state agencies
5. Coordination of benefits among carriers
6. Resolving member appeals, complaints, or grievances with health plan carriers

Information Disclosure

Portions of this information may be transferred to other state agencies (such as your employer), physicians, and insurance carriers, but only in strict accordance with current statutes regarding confidentiality.

Your Rights

You have the right to review your membership files maintained by CalPERS. For questions about this notice, our Privacy Policy, or your rights, write to:

CalPERS

CalPERS Privacy Officer
400 Q Street
Sacramento, CA 95811

You may also call us at **888 CalPERS** (or 888-225-7377).