NYCERS
RETIREMENT AND BENEFITS

NEW YORK CITY EMPLOYEES' RETIREMENT SYSTEM

MAIL ONLY:
335 ADAMS STREET,
SUITE 2300
BROOKLYN, NY 11201-3751

ALL OTHER SERVICES:
340 JAY STREET,
MEZZANINE LEVEL
BROOKLYN, NY 11201-3751

TEL: (347) 643-3000
EXECUTIVE DIRECTOR: DIANE D'ALESSANDRO

FOR OFFICE USE ONLY

CLOCK-IN-DATE

Change of Address Form

This application is for members who wish to change their address that NYCERS has on file. Should you have any questions regarding this application, please contact our Call Center at 347-643-3000.

Active Members:

Membership Number _____

Pensioners:

Pension Number _____-_____

Members and Pensioners:

Social Security Number _____-_____-_____

Phone Number (_____)_____-_____

First Name _____ Middle Initial _____

Last Name _____

Signature of Member _____ Date ____/____/____
M M D D Y Y Y Y

New Address:

In Care of (if applicable) _____

Address _____ Apt. Number _____

City _____ State _____ Zip Code _____

Previous Address:

In Care of (if applicable) _____

Address _____ Apt. Number _____

City _____ State _____ Zip Code _____

If you are currently receiving monthly payments from NYCERS, check one of the following boxes only.

⬭ Continue sending my check to my bank.

⬭ Cancel sending my check to the bank.
Please send my check to my new address, as listed above.