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| STATUS CHANGE FORM (SCF) FOR RETIREES |
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CHECK APPLICABLE BLOCK(S)

| | | | |
|--|--|---|---|
| <input type="checkbox"/> Name Change | <input type="checkbox"/> Change of Address | <input type="checkbox"/> Marital Status | EFFECTIVE DATE OF CHANGE ____-____-____ |
| <input type="checkbox"/> Other (Specify) | | | |
| | | | |

Employee Name (Last, First, MI)

Last 4 of SSN:

XXX-XX-

CHANGE OF ADDRESS

New Address (Street, City, Zip)

Telephone

()

CHANGE OF NAME

***We need to be accurate with the IRS. Please provide a photocopy of the new social security card and legal document allowing the name change.**

New Name (Last, First, MI)

Comments:

SIGNATURE:

Retiree

Date

For Office Use Only:

FRRS Representative Signature:

Input Date:

Return to FRRS via mail, in person, or via secure link: <https://frrsma.sharefile.com/share/filedrop>