

**Vermont State Retirement Systems**  
**Retiree Change of Address Form**

**Date:** \_\_\_\_\_

**Name (Please Print):** \_\_\_\_\_

**Retirement ID#/SS#:** \_\_\_\_\_

**Effective Date:** \_\_\_\_\_

- Please check box if you need your address updated with the insurance companies.

**Old Address:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**New Mailing Address:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Physical Address**  
**(legal residency):**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signature:** \_\_\_\_\_

**Mail to:**  
**Vermont Retirement Systems**  
**109 State Street, 4<sup>th</sup> Floor**  
**Montpelier, VT 05609-6901**