

Vermont State Retirement Systems Retiree Change of Address Form

Name (Please Print): _____

Phone Number: _____

Email Address: _____

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, 4th Floor
Montpelier, VT 05609-6901