



## CHANGE OF ADDRESS FORM

NAME: \_\_\_\_\_

EMPLOYEE / RETIREE NUMBER: \_\_\_\_\_

NEW ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

Email Address: \_\_\_\_\_

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FORMER ADDRESS: \_\_\_\_\_

\_\_\_\_\_

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

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

**Return your completed form**  
**by mail to: Retirement Department, 3215 Cuming Street, 2<sup>nd</sup> floor, Omaha, NE 68131**  
**or**  
**by email to: [osers@ops.org](mailto:osers@ops.org)**