

# NAME/ADDRESS DECLARATION FOR RETIREES

VIRGINIA RETIREMENT SYSTEM  
P.O. Box 2500  
Richmond, Virginia 23218-2500  
Toll Free 1-888-VARETIR (827-3847)  
Fax 804-786-9718  
[www.varetire.org](http://www.varetire.org)

1. Social Security Number

2. Daytime Phone Number

Complete this form to update your name and/or mailing address. Please allow 30 days for your changes to become effective. If you are changing your name, please provide legal proof of your new name. Include a legible copy of your marriage certificate, divorce decree or other legal court order showing your new name when submitting this form to the Virginia Retirement System (VRS).

If you are completing this form as Power of Attorney or guardian for a retiree or beneficiary, attach a copy of your Power of Attorney or guardianship papers.

### State Retiree Health Benefits Program Participants:

If you are updating your address, your health plan record also will be updated and all health plan correspondence, including Explanations of Benefits, will be mailed to this address.

If you are filling this out on behalf of a retiree or beneficiary in the State Retiree Health Benefits Program, address changes will not be made unless the Power of Attorney specifically authorizes access to health plan information.

*Please type or print clearly.*

<b>3. Name</b>	(First)	(MI)	(Last)	(Jr./Sr.)
<b>4. Are you changing your name?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, enter your new name below and provide legal proof of your new name (e.g., court order, marriage certificate, divorce decree). <b>Enter New Name:</b> _____				
<b>5. Are you changing your address?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, enter your new address below. <b>Enter New Address:</b> Street Address: _____ City, State and ZIP+4 Code: _____				
<b>6. Authorization</b> _____ <b>Signature</b> _____ <b>Date</b> _____				