



CITY OF STAFFORD

2610 SOUTH MAIN
STAFFORD, TEXAS 77477
281-261-3900
FAX 281-261-3994

CHANGE OF ADDRESS

Complete this form and return to Darla Steubing, Human Resources

Change address from (Old Address):

City, State, ZIP:

Change address to (New Address):

City, State, ZIP:

Telephone: ()

Print Name:

Signature:

Effective Date:

For Internal Use Only:

UMR Humana Superior Vision Payroll



Address or Name Change Form

TMRS members and retirees (or other persons receiving a TMRS monthly benefit) may use this form to make address or name changes to their TMRS account. After you have completed and signed this form, please fax it to 512.476.5576 or mail to P.O. Box 149153, Austin TX 78714-9153. If you fax the form, please retain the original for your records. If you have any questions regarding this form or any other matter, please call 800.924.8677.

PLEASE COMPLETE THIS SECTION

Please type or use only black ink and do not highlight. Any corrections must be initialed.

_____ TMRS Identification Number (not required)

_____ Full Name (first, middle, last)

_____ Social Security Number

_____ Date of Birth(MM/DD/YYYY)

_____ Current or Last Employing City

_____ Daytime Phone Number

COMPLETE THIS SECTION ONLY IF YOU ARE CHANGING YOUR MAILING ADDRESS

_____ New Mailing Address (number and street)

_____ City _____ State _____ Zip

_____ Daytime Phone Number _____ Evening Phone Number

_____ E-mail Address

COMPLETE THIS SECTION ONLY IF YOU ARE CHANGING YOUR NAME

This section should only be completed if your name has changed and does not match the name currently on record with TMRS.

_____ Old Full Name (first, middle, last)

_____ New Full Name (first, middle, last)

Reason for Change: marriage divorce court order

Note: If you are completing this section, a photocopy of one of the following documents is required with this form:
Marriage Certificate, Divorce Decree (Name Change Section), or Court Order.

REQUIRED

Please sign and date this section:

I hereby affirm that the information on this form is true and correct and authorize the Texas Municipal Retirement System to update my TMRS account with this information.

_____ Your Signature

_____ Date Signed (MM/DD/YYYY)



CHANGE OF ADDRESS INSTRUCTIONS FOR OPTIONAL POLICIES OFFERED BY CITY OF STAFFORD

Nationwide - If you participate in the deferred compensation plan, please call 877-677-3678 and choose option *0 to give them your change of address.

Flexible Spending Accounts - Please call 1-800-323-5391 to update your address or you may submit your new address on a reimbursement form.

Aflac Insurance- Please call 1-800-99-AFLAC to update your address