



STATE AND PUBLIC SCHOOL RETIREE CHANGE OF ADDRESS FORM

Member ID or Social Security Number		
First Name	Middle Initial	Last Name

Previous Mailing Address

Address		
City	State	Zip Code

New Mailing Address

Address		
City	State	Zip Code

Signature	Date	Phone Number
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MAIL COMPLETED FORM TO:
EMPLOYEE BENEFITS DIVISION
PO BOX 15610
LITTLE ROCK, AR 72231

OR

FAX COMPLETED FORM TO:
(501)682-1200