



Office of the New York State Comptroller
New York State and Local Retirement System
Employees' Retirement System
Police and Fire Retirement System
110 State Street, Albany, New York 12244-0001



Change of Address Form

For Active Members Only (*not retirees*)

RS 5512

(Rev. 2/11)

PLEASE PRINT CLEARLY USING CAPITAL LETTERS. USE ONLY BLUE OR BLACK INK. STAY WITHIN BOXES. LEAVE BLANK BOXES BETWEEN WORDS AND NUMBERS.

Registration Number (if known)

Last 4 Digits of Social Security Number*

Date of Birth

Month

Day

Year

Last Name

First Name

M.I.

Old Address Information:

Street Address

City

State

Zip Code

New Address Information:

Street Address 1

Street Address 2

City

State

Zip Code

Daytime Telephone Number

E-mail Address

Signature

Date

Month

Day

Year

This form cannot be processed without your signature.

Mail this completed form to:
New York State and Local Retirement System
Member & Employer Services
Registration – Mail Drop 5-6
110 State Street
Albany NY 12244

PERSONAL PRIVACY PROTECTION LAW

In accordance with the Personal Privacy Law you are hereby advised that pursuant to the Retirement and Social Security Law, the Retirement System is required to maintain records. The records are necessary to determine eligibility for and to calculate benefits. Failure to provide information may result in the failure to pay benefits. The System may provide certain information to participating employers. The official responsible for maintaining these records is the Director of Member and Employer Services, New York State and Local Retirement Systems, Albany, NY 12244; telephone number (518) 474-3524.

*SOCIAL SECURITY DISCLOSURE REQUIREMENT

In accordance with the Federal Privacy Act of 1974, you are hereby advised that disclosure of the Social Security Account Number is mandatory pursuant to Sections 11, 31, 34 and 334 of the Retirement and Social Security Law. The number will be used in identifying retirement records and in the administration of the Retirement System.