



City of Houston Benefits Retiree/Survivor Address Change Form

611 Walker, 4th Floor, TX 77002 | 832-393-6000

retireebenefits@houstontx.gov | cityofhoustonbenefits.org

Submit completed form to the Secure Document Portal at bit.ly/COHBenefitsForm

Print or type with blue or black ink only. Use this form to change your address on file with The City of Houston Benefits office. Contact us if you are moving out of the service area for the health plan for which you are enrolled.

Surviving Spouse/Dependents: use the Employee ID or last four digits of the SSN of Retiree.

Employee ID or Last Four Digits of Social Security Number (SSN)	Pension System	Date of Birth	Effective Date
	<input type="checkbox"/> Municipal <input type="checkbox"/> Fire <input type="checkbox"/> Police		

Phone Number	Email Address
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First Name	Last Name	M.I.
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Mailing Address or PO Box*	Apt. No.	City	State	Zip	County
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Permanent Address is the same as Mailing Address

Permanent Address*	Apt. No.	City	State	Zip	County
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*If you are changing to a foreign address, please provide Province/Territory and Country. Please include country code if using a foreign telephone number.

Retiree/Survivor Certification

I hereby authorize and request The City of Houston Human Resources Benefits office to change my mailing address to the new address listed above.

Date	Phone Number	Signature
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For Benefits Office use only

Department	Retirement Date	Effective Date
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