



FOOTHILL-DE ANZA
Community College District
 Office of Human Resources and Equal Opportunity

RETIREE/SURVIVING SPOUSE ADDRESS CHANGE FORM

For HR use only
Banner _____

CHANGE EFFECTIVE DATE: _____ / _____ / _____

RETIREE/SURVIVOR INFORMATION

NAME _____

SOCIAL SECURITY NUMBER _____ - _____ - _____

NEW OR MOST RECENT CONTACT INFORMATION

NEW STREET ADDRESS _____

ADDRESS (Line 2) _____

APARTMENT/UNIT # _____

CITY _____

STATE _____

ZIP CODE _____

IN CARE OF ("c/o") _____ *Not Applicable*

HOME PHONE () _____

EMAIL ADDRESS: _____

CELL PHONE () _____

_____ @ _____

EMERGENCY/ALTERNATIVE CONTACTS

(These individuals should **not** share the same address and/or phone number as you.)

1	Name	_____	Relationship to you	_____	Authorized Power of Attorney? <input type="checkbox"/> Yes <input type="checkbox"/> No
		Address		Phone(s)	
		_____		() _____	

2	Name	_____	Relationship to you	_____	Authorized Power of Attorney? <input type="checkbox"/> Yes <input type="checkbox"/> No
		Address		Phone(s)	
		_____		() _____	

RETIREE SIGNATURE _____ DATE _____

Submit this form to:

FAX	(650) 949-2831	EMAIL	MyBenefits@fhda.edu
MAILING ADDRESS	Foothill-De Anza Community College District ATTN: Benefits Department 12345 El Monte Road, Los Altos Hills, CA 94022		