



GERS COMPLEX, 3<sup>rd</sup> Floor ☉ 3438 Kronprindsens Gade ☉ St. Thomas, V.I. 00802 ☉ (340) 714-5000 ☉ (340) 777-9601 - Fax  
Orange Grove Shopping Center Bay Nos. 6, 7, 8 ☉ Christiansted, St. Croix, V.I. 00820 ☉ (340) 773-0341 ☉ (340) 773-5669 - Fax



# Group Insurance Program REQUEST FOR ADDRESS CHANGE

PLEASE PRINT

ACTIVE

DATE \_\_\_\_\_  
(mm) (dd) (yyyy)

RETIRED

NAME: \_\_\_\_\_  
(First Name) (Middle Name) (Last Name)

DATE OF BIRTH: \_\_\_\_\_  
(mm) (dd) (yyyy)

TELEPHONE NUMBER: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

OLD ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NEW ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WORK PHONE: \_\_\_\_\_ CELL#: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_ ALTERNATE: \_\_\_\_\_

EFFECTIVE DATE OF ADDRESS CHANGE: \_\_\_\_\_  
Please allow 5-10 business days for (mm) (dd) (yyyy)  
this change to take effect.

\_\_\_\_\_  
Signature of Retiree / Active Employee