



Retiree Change of Address Form

Retirees Full Name

Signature of Retiree / Surviving Spouse / POA

Today's Date

Print Name of Above Signature

Telephone Number of Signature

Employee ID # or Social Security #

Retiree ID *(if known, not required)*

E-Mail Address *(if you have one)*

From:

Old Street Address

Old Telephone Number

Old City

Old State Old Zip Code

To:

New Street Address

New Telephone Number

New City

New State New Zip Code

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Return form by mail or fax to both:

Mail:

The Port Authority of NY & NJ
225 Park Avenue South, 10th Floor
New York, NY 10003
Attention: Employee Benefits

Fax:

(212) 435-2871

Mail:

Port Authority Retirees Association, Inc.
P.O. Box 7493
Monroe Township, NJ 08831

Fax:

(408) 351-0282

** To simplify change of address for retirees this form was created by HR for Port Authority Retirees & PARA members. This allows retirees to mail or fax to both HR & PARA using one single form. Please be aware you also still have to contact NYS&LRS about your change of address status.*