



## Change of Address

|                        |               |                                                                                                                                                       |             |    |
|------------------------|---------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|----|
| Last Name              |               | First Name                                                                                                                                            |             | MI |
| Social Security Number | Employee ID # | Member Status<br><input type="checkbox"/> Active <input type="checkbox"/> Deferred <input type="checkbox"/> Retired <input type="checkbox"/> Survivor |             |    |
| <b>Old Address</b>     |               |                                                                                                                                                       | Apt. Number |    |
| City                   |               | State                                                                                                                                                 | Zip         |    |
| <b>New Address</b>     |               |                                                                                                                                                       | Apt. Number |    |
| City                   |               | State                                                                                                                                                 | Zip         |    |
| Home Phone             |               | Cell Phone                                                                                                                                            |             |    |
| Work Phone             |               | E-Mail address                                                                                                                                        |             |    |

|                          |
|--------------------------|
| Effective Date of Change |
| Additional Instructions  |
|                          |
|                          |

\_\_\_\_\_  
 Member Signature \_\_\_\_\_ Date

For additional information, please see the Member Handbook on our website:  
[www.ventura.org/vcera](http://www.ventura.org/vcera)