

University of Missouri System

COLUMBIA | KANSAS CITY | ROLLA | ST. LOUIS

R-Correspondence

Retiree Change of Address Form

Please complete and return this form to:

Retirement Programs
UM System Office of Human Resources
1000 W. Nifong, Bldg. 7, Ste. 210
Columbia, MO 65211
Email: hrrservicecenter@umsystem.edu

PLEASE NOTE: A physical street address is required for any retiree and/or dependent enrolled in the Medicare Advantage Plan.

RETIREE NAME:

RETIREE ID NUMBER:

PREVIOUS STREET ADDRESS:

(City) (State) (ZIP)

PREVIOUS MAILING ADDRESS (If different than street address):

(City) (State) (ZIP)

EFFECTIVE DATE:

NEW STREET ADDRESS (Required; P.O. Box not allowed):

(City) (State) (ZIP)

NEW MAILING ADDRESS (If different than street address; P.O. Box allowed):

(City) (State) (ZIP)

PHONE NUMBER:

EMAIL ADDRESS:

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RETIREE SIGNATURE:

DATE: