



If unable to submit form electronically please mail paper form.

Change of Address Form

If you are retired, NNERB must receive this completed form by the 10th of the month in order to become effective the same month. Forms received after the 10th of the month, will become effective the following month.

Check one of the following boxes:

Active employee

Retired Member

Inactive employee

Beneficiary

Social Security Number: _____

Name: _____

Address: _____

City: _____

State: _____ Zip code: _____

Home: _____ Cell: _____

Email address: _____

For International and Military addresses only

International/APO/FPO/DPO: _____

I hereby authorize the NNERB to change my address as indicated above.

Signature: _____

Date

NERB Use Only:

Effective Date: _____

Entered By: _____