



Retiree Change of Address Form

Retiree Full Name

Signature of Retiree / Surviving Spouse / POA

Today's Date

Print Name of Above Signature

Telephone Number of Signature

Employee ID # or Last 4 digits of Retiree's Social Security #

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:

Mail:
The Port Authority of NY & NJ
4 WTC / 150 Greenwich Street – 16th Floor
New York, NY 10007
Attention: HR Service Delivery
Email: HRSDCC@PANYNJ.GOV
Fax: (212) 435-2871

** Please be aware you also still have to contact NYS&LRS about your change of address status.*