



**GOVERNMENT EMPLOYEES RETIREMENT SYSTEM**

3438 Kronprindsens Gade, GERS Complex - STE 1, St. Thomas, VI 00802-5750 • (340) 776-7703 • Fax (340) 776-4499  
 3005 Orange Grove, Lot #5, Christiansted, St. Croix, VI 00820-4313 • (340) 773-5480 • Fax (340) 773-5497

---

**REQUEST FOR CHANGE OF ADDRESS**

PLEASE PRINT

ACTIVE

DATE \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 (mm) (dd) (yyyy)

RETIRED

NAME: \_\_\_\_\_  
 (First Name) (Middle Initial) (Last Name)

DATE OF BIRTH: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 (mm) (dd) (yyyy)

TELEPHONE NUMBER: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

OLD ADDRESS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

NEW ADDRESS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

EFFECTIVE DATE OF ADDRESS CHANGE: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 (mm) (dd) (yyyy)

Please allow 5-10 business days for this change to take effect.

\_\_\_\_\_  
 Signature of Retiree / Active Employee

\_\_\_\_\_  
 Signature of Power of Attorney

**(If you are completing this form as a Power of Attorney or Guardian for a retiree or beneficiary, please attach a copy of your Power of Attorney or Guardianship Award.)**