



TO: Rowan University Employee

FROM: HUMAN RESOURCES

RE: CHANGE OF Address

All employees with health benefits and pension that require a change of address must complete the attached forms:

- State of New Jersey Division of Pensions and Benefits Change of Address Form
- Rowan University Address Change Form  
(Please note you can change your address on the portal)

STATE OF NEW JERSEY  
DEPARTMENT OF THE TREASURY

**DIVISION OF PENSIONS AND BENEFITS**

PO Box 295, Trenton, NJ 08625-0295

**CHANGE OF ADDRESS FORM**

**Please print all required information** and return the completed form to the mailing address shown above. This form will be rejected if your retirement/membership number and/or your Social Security number is not completed.

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Pension System:  PERS  TPAF  DCRP  PFRS  SPRS  ABP  JRS

Membership or Retirement Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ — \_\_\_\_\_ — \_\_\_\_\_

Daytime Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_  
AREA CODE

Type of Change:  Active Employee Address Change for Health Benefits  
Note: The Division does not maintain addresses for active employee pension accounts. Notify your employer of any change in your address.

Retiree Address Change for Pension and Health Benefits

Former Mailing Address: \_\_\_\_\_  
ADDRESS

\_\_\_\_\_ ADDRESS 2

\_\_\_\_\_ CITY STATE ZIP

Date New Address in Effect: \_\_\_\_\_  
MONTH DAY YEAR

New Mailing Address: \_\_\_\_\_  
ADDRESS

\_\_\_\_\_ ADDRESS 2

\_\_\_\_\_ CITY STATE ZIP

\_\_\_\_\_  
Signature of Member or Retiree

<b>Rowan University Change of Address Form</b>		Rowan ID Number
Print First and Middle Name	Print Last Name	Social Security Number
Home address 1(number and street or rural route)		
Home address 2(number and street or rural route)		
City or town, state, and zip code		
Employee Signature	Date	Phone