



Denver Employees Retirement Plan
777 Pearl Street
Denver, Colorado 80203
Ph. - 303/839-5419
Fax - 303/839-9525
www.derp.org
mbrsvs@derp.org

CHANGE OF ADDRESS FORM

MEMBER INFORMATION

Member: _____ SSN: _____ DERP ID: _____
First Name, Middle Initial, Last Name *Last 4 digits*

Effective Date of Change: _____

PREVIOUS ADDRESS / PHONE / EMAIL INFORMATION

Previous Residence Address: _____
Street, Route, or Box Number, and Apt Number *City, State, ZIP Code*

Previous Mailing Address: _____
Street, Route, or Box Number, and Apt Number *City, State, ZIP Code*

Previous Home Phone #: _____

Previous Cell Phone #: _____

Previous Email Address: _____

NEW ADDRESS / PHONE / EMAIL INFORMATION

New Residence Address: _____
Street, Route, or Box Number, and Apt Number *City, State, ZIP Code*

New Mailing Address: _____
Street, Route, or Box Number, and Apt Number *City, State, ZIP Code*

New Home Phone #: _____

New Cell Phone #: _____

New Email Address: _____

SIGNATURE

This authorization will remain in effect until a written request is received by DERP. If you have power of attorney for a DERP member, please include a full copy of the power of attorney documents.

Signature: _____ Date: _____