

RETIREE NAME & CONTACT CHANGE PACKET



Do you need to update your name, address or other contact information? In order to update your contact information, please see the attached forms and do the following:

□ STEP 1

Complete the “**Retiree Name & Contact Change Form**” and submit to the **Consolidated Benefits Office (CBO)**.



MAILING ADDRESS: 2512 George Mason Drive
Virginia Beach, VA 23456

EMAIL: Benefits@vbschools.com

FAX: 757.263.1123

PHYSICAL ADDRESS: Plaza Annex (*Drop Box Available*)
641 Carriage Hill Road
Virginia Beach, VA 23452

Please allow 30 days for your changes to become effective. If you are changing your name, please provide legal proof of your new name. Include a legible copy of your marriage certificate, divorce decree or other legal court order showing your new name when submitting this form to the CBO.

□ STEP 2

Complete the “**Name and Address Declaration for Retirees (VRS-58)**” and submit **directly to VRS**.



MAILING ADDRESS: P.O. Box 2500
Richmond, VA 23218

PHONE: 888.827.3847

FAX: 804.786.9718

* Please note the CBO **cannot** forward the VRS form. **You** are responsible for sending the form to VRS.



RETIREE NAME & CONTACT CHANGE FORM

Send this completed form to the Consolidated Benefits Office (CBO) to update your information.
Please allow 30 days for your changes to become effective.

A. RETIREE INFORMATION

1. LAST NAME, SUFFIX: _____ 2. FIRST NAME: _____ 3. MIDDLE INITIAL: _____

4. IS THIS A NEW NAME? Yes No
If Yes, write your former name below and provide a copy of legal proof of your new name (e.g. Social Security Card, marriage certificate, birth certificate).

5. FORMER NAME: (Last, First, Middle Initial) _____

6. RETIREE STATUS: Retired City Retired Schools 7. ID #: _____

8. SSN: _____

B. UPDATE YOUR INFORMATION

To update the contact information the CBO has on file for you, enter your previous and new contact information below. Please provide all requested information that either needs to be updated or that is not currently on file with our office.

PREVIOUS CONTACT INFORMATION	NEW CONTACT INFORMATION
ADDRESS: _____ _____	ADDRESS: _____ _____
CITY: _____ STATE: _____	CITY: _____ STATE: _____
POSTAL CODE: _____	POSTAL CODE: _____
HOME PHONE: _____	HOME PHONE: _____
CELL PHONE: _____	CELL PHONE: _____
EMAIL: _____	EMAIL: _____
EMERGENCY CONTACT NAME: _____	EMERGENCY CONTACT NAME: _____
EMERGENCY CONTACT PHONE: _____	EMERGENCY CONTACT PHONE: _____

SEND COMPLETED FORM TO:

• INTEROFFICE	• EMAIL	• FAX	• MAILING ADDRESS	• PHYSICAL ADDRESS
Consolidated Benefits Office	Benefits@vbschools.com	757.263.1123	2512 George Mason Drive Virginia Beach, VA 23456	Plaza Annex (Drop Box available) 641 Carriage Hill Road Virginia Beach, VA 23452

NAME AND ADDRESS DECLARATION FOR RETIREES



VIRGINIA RETIREMENT SYSTEM
P.O. Box 2500 ♦ Richmond, Virginia 23218-2500
Toll Free 1-888-VARETIR (827-3847)
Fax 1-804-786-9718
www.varetire.org

1. Social Security Number

2. Daytime Phone Number

Complete this form to update your name and/or mailing address. Please allow 30 days for your changes to become effective. If you are changing your name, please provide legal proof of your new name. Include a legible copy of your marriage certificate, divorce decree or other legal court order showing your new name when submitting this form to the Virginia Retirement System (VRS).

If you are completing this form as Power of Attorney or guardian for a retiree or beneficiary, attach a copy of your Power of Attorney or guardianship papers.

State Retiree Health Benefits Program Participants:

If you are updating your address, your health plan record also will be updated and all health plan correspondence, including Explanations of Benefits, will be mailed to this address.

If you are filling this out on behalf of a retiree or beneficiary in the State Retiree Health Benefits Program, address changes will not be made unless the Power of Attorney specifically authorizes access to health plan information.

Please type or print clearly.

3. Name (First, Middle Initial, Last)	4. Status (Choose one) <input type="checkbox"/> Retiree <input type="checkbox"/> Survivor
5. Are you changing your name? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, enter your new name below and provide legal proof of your new name (e.g., court order, marriage certificate, divorce decree). Enter New Name: _____	
6. Are you changing your address? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, enter your new address below. Enter New Address: Street Address: _____ City, State and ZIP+4 Code: _____	
7. Authorization _____ Signature _____ Date	

