TOWN OF ROCKY HILL
761 Old Main Street, Rocky Hill, CT 06067
www.rockyhillct.gov
(Rev. 12/22/21) CC: File

RETIREE CHANGE OF NAME/ADDRESS FORM

PENSION PLAN: (check one)

_____ General Employees _____ Police _____ Fire _____ Ambulance

CURRENT INFORMATION:

_____ _____ _____ _____
Last name First Name MI Suffix

_____ _____ _____ _____
Address City/Town State Zip Code

NEW INFORMATION:

_____ _____ _____ _____
Last name First Name MI Suffix

_____ _____ _____ _____
Address City/Town State Zip Code

_____
Phone Number

*****For an address change, you are required to submit new federal and state W-4P forms.***

EMERGENCY CONTACT:

_____
Name of Emergency Contact

_____ _____
Phone Number #1 Relationship

_____ _____
Retiree Signature **Date**

Received by Payroll on _____ by _____.