

Superior Court of California
County of Santa Clara

Human Resources

191 North First Street
San José, CA 95113
Telephone: (408) 882-2703
Fax: (408) 882-2796
Email: RetireeBenefits@scscourt.org



RETIREE/SURVIVOR ADDRESS CHANGE FORM

Retiree Survivor of Retiree

SECTION 1: Participant Information

Full Name (*First Name, Middle Initial and Last Name*): _____

If Survivor of Retiree, please provide name of Retiree: _____

Retiree ID or Social Security Number: _____

SECTION 2: New Contact Information – Home Address

In care of (*if applicable*): _____

Address: _____

PO Box: _____ City: _____ State: _____ Zip Code: _____

Province/Territory: _____ Country: _____

Phone Number: _____

Email Address: _____

SECTION 3: New Contact Information – Mailing Address

In care of (*if applicable*): _____

Address: _____

PO Box: _____ City: _____ State: _____ Zip Code: _____

Province/Territory: _____ Country: _____

Phone Number: _____

Email Address: _____

SECTION 4: I authorize, _____, to send/receive email, speak, and/or
(First Name Last Name)

send/receive official notices to/from the Court regarding my Retiree Health benefits (*check all that apply*).

SECTION 5: Required Signature

Signature: _____

Date: _____