

**UC BENEFITS ADDRESS CHANGE NOTICE
FOR ANNUITANTS AND INACTIVE UCRS MEMBERS**
UBEN 131 (R1/03) University of California Human Resources and Benefits

Complete form in ink and send to:
UC HR/Benefits
Mail Services Unit
PO Box 24570
Oakland, CA 94623-1570

This form is for annuitants and inactive UCRS members only. (Active employees: Do not use this form. Use "UC For Yourself" on the At Your Service website (<http://atyourservice.ucop.edu>), or report address changes to your departmental personnel representative or local Payroll Office.)

- Use this form to notify UC HR/Benefits if your address changes. (If you recently sent us a change of address, we need more information to update our records completely. Please take a moment to fill in this form and return it to us.)
- If you need to change insurance plans because you've moved outside the service plan area, add/delete eligible family members from your insurance plans, update your tax-withholding, change beneficiaries, or change Surepay arrangements (automatic UCRP annuity deposits), you can request the appropriate forms below.
- **To report a name change only**, write to UC/Benefits. Please indicate exactly how you wish your name to appear in our records. We try to incorporate at least one given name, an initial, and surname. Examples: Mary Jones-Smith, Pearl F.A. Wu, John T. Doe, Jr.

Include your Social Security number and a copy of your marriage license or other legal document showing the name change. Send correspondence to: UC HR/Benefits, PO Box 24570, Oakland CA 94623-1570. Address your letter as follows: Annuitants—to the Retirement Administration Unit; Inactive members—to the Research Unit.

PLEASE PRINT

PERSONAL INFORMATION		
NAME (Last, First, Middle Initial)	SOCIAL SECURITY NUMBER (Required)	FORMER CAMPUS/LAB
EMAIL ADDRESS	CURRENT DAYTIME PHONE ()	NEW DAYTIME PHONE (If known) ()

- CHECK ONE:** I am a UCRP retiree/survivor. I am a CalPERS annuitant/survivor with health coverage through the University.
 I am receiving UCRP disability income. Other: _____

HOME ADDRESS	
OLD HOME ADDRESS (Number, Street, City, State, ZIP, Country)	
NEW HOME ADDRESS (Number, Street)	EFFECTIVE DATE
(City, State, ZIP, Country)	

PLEASE SEND ME THESE FORMS

Annuitant Medical/Dental/Legal (UBEN 100)
 Tax-Withholding (UBEN 106)
 Designation of Beneficiary (UBEN 114)
 Surepay Authorization (UCRS 160)

SIGNATURE (required)	
SIGNATURE	DATE

RETN: 5 years following final payment.

SEE REVERSE FOR PRIVACY NOTIFICATIONS

PRIVACY NOTIFICATIONS

STATE

The State of California Information Practices Act of 1977 (effective July 1, 1978) requires the University to provide the following information to individuals who are asked to supply information about themselves.

The principal purpose for requesting the information on this form is for payment of earnings and for miscellaneous payroll and personnel matters such as, but not limited to, withholding taxes, benefits administration, and changes in title and pay status. University policy and state and federal statutes authorize the maintenance of this information. (B)

Furnishing all information requested on this form is mandatory—failure to provide such information will delay or may even prevent completion of the action for which the form is being filled out. Information furnished on this form may be used by various University departments for payroll and personnel administration, and will be transmitted to the federal and state governments as required by law.

Individuals have the right to review their own records in accordance with University personnel policy and collective bargaining agreements. Information on applicable policies and agreements can be obtained from campus or Office of the President Staff and Academic Personnel Offices.

The official responsible for maintaining the information contained on this form is the Associate Vice President—University of California Human Resources and Benefits, 300 Lakeside Drive, Oakland, CA 94612-3550.

FEDERAL

Pursuant to the Federal Privacy Act of 1974, you are hereby notified that disclosure of your Social Security number is mandatory. Disclosure of the Social Security number is required pursuant to sections 6011 and 6051 of Subtitle F of the Internal Revenue Code and with Regulation 4, Section 404.1256, Code of Federal Regulations under Section 218, Title II of the Social Security Act, as amended. The Social Security number is used to verify your identity. The principal uses of the number shall be to report (1) state and federal income taxes withheld, (2) Social Security contributions, (3) state unemployment and Workers' Compensation earnings, (4) earnings and contributions to participating retirement systems, and (5) as an identifier for your insurance carrier to verify your eligibility and to maintain claim records for you and your eligible family members. (AA)