

ORNL Benefits
PO Box 2008, MS 6465
Oak Ridge, TN 37831-6465
Local 865-574-7474
Toll Free 1-866-576-7766
Fax 1-865-241-3213



RETIREE CHANGE OF NAME/ADDRESS

Please complete this form. We are required to have your signature on file to officially change your name and/or address.

NAME - <i>Please print</i> (First)	(Middle)	(Last)	LAST 4 SSN
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FORMER NAME AND ADDRESS	FIRST NAME	MIDDLE NAME	LAST NAME	
	STREET ADDRESS			
	CITY	COUNTY	STATE	ZIP CODE

NEW NAME AND / OR NEW ADDRESS	FIRST NAME	MIDDLE NAME	LAST NAME	
	STREET ADDRESS			
	CITY	COUNTY	STATE	ZIP CODE

E-MAIL ADDRESS	HOME PHONE NUMBER	CELL PHONE NUMBER
SIGNATURE	DATE	

A NAME CHANGE REQUIRES A COPY OF YOUR SOCIAL SECURITY CARD TO BE SUBMITTED WITH THIS FORM.

**Return this form and any required documents to our office in the enclosed,
self-addressed envelope as soon as possible.**

Thank you.