

**UC RETIREMENT ADMINISTRATION SERVICE CENTER  
ADDRESS CHANGE NOTICE**

**FOR RETIREES/SURVIVORS AND FORMER EMPLOYEES**

UBEN 131 (R2/21) University of California Human Resources

Mail completed UC RASC  
form to: P.O. Box 24570  
Oakland, CA 94623-1570  
Fax to: 800-792-5178

**THIS FORM IS FOR RETIREES/SURVIVORS AND FORMER EMPLOYEES ONLY.**

Use this form to report an address change. Please print clearly and fill in this form completely. Typed signatures will not be accepted. If you recently sent us an address change and received this form in return, we need additional information to fully update our records. Note: You may also update your address on the UCRAYS website ([retirementatyourucop.edu](http://retirementatyourucop.edu)).

**Do not use this form if you want to report a name change only.** Instead, send a letter to UC Retirement Administration Service Center, P.O. Box 24570, Oakland CA 94623-1570 or fax and include your signature, Social Security number and a copy of your marriage license or other legal documents showing the name change. 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. If you are enrolled in Medicare, it's recommended to have your name match your Medicare record.

**If you are an active employee (i.e., full-time, part-time or volunteer),** you can change your address through UCPath. Sign in to your benefits accounts on the UCnet website ([ucnet.universityofcalifornia.edu](http://ucnet.universityofcalifornia.edu)). You can also report address changes to your departmental personnel representative or local Payroll Office.

**To request other forms listed in the Forms Request section,** check the appropriate box(es) below to change insurance plans because you've moved outside the service plan area, or add/delete eligible family members from your insurance plans (UBEN 100); update your tax withholding (UBEN 106), change beneficiaries (UBEN 117), or change electronic deposit arrangements (UCRS 160).

**PLEASE PRINT**

**PERSONAL INFORMATION**

NAME (Last, First, Middle Initial)		SOCIAL SECURITY NUMBER	FORMER CAMPUS/LAB
EMAIL	DATE OF BIRTH (MO/DAY/YEAR)	CURRENT DAYTIME PHONE (       )	NEW DAYTIME PHONE (If known) (       )

- CHECK ONE:**  Home  
 Mailing  
 Temporary/Seasonal

NEW ADDRESS (Number, Street)	EFFECTIVE DATE
------------------------------	----------------

(City, State, ZIP, Country)

PREVIOUS HOME ADDRESS (Number, Street, City, State, ZIP, Country)

**FORMS REQUEST**

Please send me these forms:

- Retiree Continuation, Enrollment or Change—Medical, Dental and/or Legal Plan (UBEN 100)*  
 *Tax Withholding Election for UCRP Income (UBEN 106)*  
 *Designation of Beneficiary—Retirees, Former Employees and Others (UBEN 117)*  
 *Direct Deposit for Monthly Benefits (UCRS 160)*

**REQUIRED SIGNATURE OF RETIREE/SURVIVOR OR FORMER EMPLOYEE**

(All other signatures require proper power of attorney documentation on file with UC Human Resources.)

SIGNATURE OF RETIREE/SURVIVOR OR FORMER EMPLOYEE (Electronic signatures, e.g., Adobe, DocuSign or Microsoft signatures, are acceptable; not typed.)	DATE
---	------

**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 information on this form, including your Social Security number, is to verify your identity, and/or for benefits administration, and/or federal and state income tax reporting. University policy and state and federal statutes authorize the maintenance of this information.

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 transmitted to the federal and state governments when 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 Vice President—University of California Human Resources, 1111 Franklin Street, Oakland, CA 94607-5200.

### FEDERAL

Pursuant to the Federal Privacy Act of 1974, you are hereby notified that disclosure of your Social Security number is mandatory. The University's record keeping system was established prior to January 1, 1975 under the authority of The Regents of the University of California under Article IX, Section 9 of the California Constitution. The principal uses of your Social Security number shall be for state tax and federal income tax (under Internal Revenue Code sections 6011, 6051 and 6059) reporting, and/or for benefits administration, and/or to verify your identity.