



Human Resources
Benefits Administration
111 N.W. 1st Street, Suite 2324
Miami, FL 33128 - 1926
T 305-375-5633 F305-375-1368

**MIAMI DADE COUNTY - RETIREE GROUP
ADDRESS CHANGE REQUEST**

Name: _____ Retiree Identification Number: _____

Old Mailing Address:

Current (or new) Mailing Address:

Current (or new) Telephone Number(s):

Current (or new) e-mail address:

Signature: _____ Date: _____

PLEASE FAX OR MAIL THIS FORM TO THE BENEFITS ADMINISTRATION UNIT ADDRESS LISTED ABOVE.