

Superior Court of California
County of Santa Clara

Human Resources
191 North First Street
San José, CA 95113
Telephone: (408) 882-2703
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RETIREE/SURVIVOR OF RETIREE CONTACT INFORMATION 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,
(*First Name, Last Name*)

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

SECTION 5: Required Signature

Signature: _____

Date: _____