

**ADDRESS CHANGE - PAYEE**



Sonoma County Employees' Retirement Association  
433 Aviation Boulevard, Suite 100, Santa Rosa, CA 95403  
Tel: (707) 565-8100 / Fax: (707) 565-8102 / www.scretire.org

_____			XXX-XX-_____
Print Name			SSN Last four digits
_____			_____
Address			Home Phone
_____	_____	_____	_____
City	State	Zip Code	Cell Phone
_____			_____
E-Mail Address			Effective Date
_____		<b>OR</b>	_____
Member's Signature		Power of Attorney's Signature*	Date

*\*Must have Power of Attorney Documentation in member's file or submission with this form.*

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*SCERA forwards this form to the Employer's Health Insurance Administration Department when you respond "Yes" to the comments below.*

I have health insurance through the County of Sonoma.  Yes

I have health insurance through Sonoma Superior Courts.  Yes