



Change of Address

Please use this form to change only address, telephone, and e-mail information.

Please print or type.

Last name	First name	Middle initial	Maiden name
Social Security number		Date of birth (MM-DD-YYYY)	Gender

Current address

Street address
Apartment or post office box
City State ZIP code (9-digits)
Home telephone number ()
Work telephone number ()
Cell phone number ()

Former address

Street address
Apartment or post office box
City State ZIP code (9-digits)
Former telephone number: ()

E-mail (optional)

You can subscribe to TRS's e-mail notification system to receive e-mail notices about benefits, claims, and purchase of optional service; and to respond to your questions.

To ensure your spam protection software does not block TRS e-mail, add the following e-mail addresses to your address book: webmaster@trs.illinois.gov, members@trs.illinois.gov and trsmessenger@trs.illinois.gov.

TRS will never send confidential information online or share your e-mail address with a third-party. You can discontinue receiving e-mails at any time.

Add my e-mail address

Current e-mail address

My e-mail address has changed

(Please list your former e-mail address.)

Former e-mail address

Signature	Date
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