



Human Resources Division
1600 Truxtun Ave.
Bakersfield, CA. 93301
Questions? Call 661-326-3773
Fax: 661-852-2070
admhrs@bakersfielcity.us

CITY OF BAKERSFIELD

Retiree Change of Address Form

(Please print clearly)

Retiree Name:	Social Security #:	Date of Birth:	Phone Number:
New Address/City/State:	Change Effective Date:	Current Email Address:	

Spouse Name (if applicable):	Social Security #:	Date of Birth:	Phone Number:
New Address/City/State:	Change Effective Date:	Email Address:	

Signature: _____

Date: _____

IMPORTANT INFORMATION

- Please return completed form to address above, attention Benefits.
- The City sends out a monthly billing for the health insurance. Your health insurance premium is due by the 1st of each month whether you receive your statement or not and delinquent by the 10th. If your insurance is cancelled you cannot re-enroll in the City's plan.
- If form is received **prior** to the 15th of the month, the change will be reflective on the next billing statement. If form is received **after** the 15th, the change will not be reflective for until two billing cycles.

THIS SECTION FOR OFFICE USE ONLY (CHECK OFF SITES/BENEFITS CHANGED)					
Census	<input type="checkbox"/>	United Concordia	<input type="checkbox"/>	BS	<input type="checkbox"/>
HTE	<input type="checkbox"/>	MES	<input type="checkbox"/>	KP	<input type="checkbox"/>