

P. O. Box 1471, Baton Rouge, LA 70821

Telephone: (225) 389-3272; Fax: (225) 389-5548

Email: retirementoffice@brla.gov

RETIREE INFORMATION CHANGE

FROM:	Datings's Name (places mint)	Social Security Number
	Retiree's Name (please print)	Social Security Number
PLEASE CH ACCOUNT:		ATION ON MY RETIREMENT AND/OR DROP
HOME MA	AILING ADDRESS	
EMAIL A	DDRESS	
PHONE N	UMBER	
	Do not give my address to any compa	any or individual making a public information request
		Signature of Retiree
		Date

cc: Payroll & Benefits Division, Human Resources Department

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