



Change of Name, Address or Retirement Status

(DATE)

To the Administrator:

You are hereby notified that:

My name has been legally changed (by marriage or otherwise) from _____
_____ to _____.

Enclosed is documentary confirmation of this change.

My mailing address has been changed from _____
_____ to _____.

Current telephone number (_____) _____
(Area code)

My Disability Insurance Benefit from Social Security will be (or has been) terminated, effective _____
_____.

I intend to engage in a regular remunerative occupation or employment (prior to my Normal Retirement Date) on or about _____
_____. In my opinion, this employment (is) (is not) primarily rehabilitative.

Signature

Social Security Number

For Office Use Only

Received on _____ by _____
Administrator