

**CITY OF FLINT  
RETIREE ADDRESS CHANGE FORM**

\_\_\_\_\_ PENSION

\_\_\_\_\_ HEALTH INSURANCE

\_\_\_\_\_ BOTH

Name \_\_\_\_\_

New Address \_\_\_\_\_

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City State Zip

Old Address \_\_\_\_\_

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City State Zip

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Social Security Number