



Retiree Change of Address Form

This form is used to update your address for WSSC Water insurance coverage AND for retirement records. We will notify your benefit plans (health, dental and/or vision – if applicable) of your new address. If you have a WSSC Credit Union account, you must contact them directly.

Retiree Name: _____

(please print)

Old Address Information:

Street Address: _____

Apartment Number: _____ County: _____

City, State: _____ Zip Code: _____

New Address Information:

Street Address: _____

Apartment Number: _____ County: _____

City, State: _____ Zip Code: _____

Home Phone #: _____ Cell Phone #: _____

Effective Date of New Address: _____

Please return the completed form at your earliest convenience to:

**WSSC Water, Human Resources Office, Benefits Division,
14501 Sweitzer Lane, Laurel, MD 20707 or Fax: 301-206-8713**

Signature _____ Date: _____

*WSSC Water, 14501 Sweitzer Lane, Laurel, MD 20707
Human Resources Office, Benefits Division 301-206-8787*

Revised 10/2019