



Retiree Change of Address Notification

(Please print)

First Name	Middle Initial	Last Name	
New Street Address			Apartment or Rural Route Number
City		State	ZIP Code

Effective date of change: _____
mm/dd/yyyy

Address change is: Permanent Seasonal

If seasonal, list months: _____

Home or cell phone number(s): _____

Return completed form to:

Human Resources Services Center, R-C
State Farm
3 State Farm Plaza South
Bloomington, Illinois 61791-0002

Verification Information:

Associate ID Number	Date of Birth
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