



Change of Address

Please use this form to change only address, telephone, and e-mail information.

Please print or type.

Last name	First name	Middle initial	Maiden name
Social Security number		Date of birth (MM-DD-YYYY)	Gender

Current address

Street address		
Apartment or post office box		
City	State	ZIP code (9-digits)
Home telephone number ()		
Work telephone number ()		
Cell phone number ()		

Former address

Street address		
Apartment or post office box		
City	State	ZIP code (9-digits)
Former telephone number: ()		

E-mail (optional)

E-mail allows us to efficiently and conveniently serve you. TRS sends e-mail to immediately respond to your questions if we cannot reach you by phone, notify you about an important change, or to keep you updated about the status of a claim. We will never send confidential information online or share your e-mail address with a third party.

To ensure your spam protection software does not block TRS e-mail, add the following e-mail addresses to your allowed senders list in your spam software: webmaster@trs.illinois.gov, members@trs.illinois.gov, and trsmessenger@trs.illinois.gov.

Current e-mail address	
<input type="checkbox"/> My e-mail address has changed. <i>(Please list your former e-mail address.)</i>	
Former e-mail address	
Signature	Date