



**Retirement Plan
P.O. Box 1625
Idaho Falls, ID
83415-3596**

Retiree Address Change Form

Name: _____

Phone Number: _____

Email: _____

Birthdate: _____

Last four numbers of Social Security Number: _____

Former Address:

New Address:

Signature: _____

Date: _____

Return to:

Email: Retiree@inl.gov
Fax: 208-526-9320

Or mail to:
INL Retirement Plan
P.O. Box 1625
Idaho Falls, ID 83415-3596
Phone: 208-526-0717