



Georgia Municipal Employees Benefit System (GMEBS)
 The Burgess Building, P.O. Box 105377, Atlanta, GA 30348

Submit the completed form using one of these secure methods: Fax to 678-686-6244; mail to P.O. Box 105377, Atlanta, GA, 30348; reply to a GMA email with SECURE: in the subject line; or use your own email encryption tool. Please do NOT use regular email to transmit this form.

Address Change Authorization

All fields, signatures and notarization must be complete for the form to be processed.

Payee Name:		SSN:	
Old Mailing Address:	City:	State:	Zip:
New Mailing Address:	City:	State:	Zip:
Email Address		Home or Cell Number	

I authorize the Georgia Municipal Association to change my address as follows:

Payee Signature	Date
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Sworn to and subscribed
 before me this ____ day
 of _____, 20____.

 Notary Public
 My Commission Expires: _____

Notice to retirees: This form must be received by the Retirement Department of Georgia Municipal Employees Benefit System no later than the 15th of the month to take effect on your next benefit payment.