



**CHANGE OF ADDRESS**

Effective date of change: \_\_\_/\_\_\_/\_\_\_

Member #: \_\_\_\_\_

Retiree’s Name: \_\_\_\_\_

<b>Old Address:</b>			
	City:	State:	Zip:

<b>New Address:</b>			
	City:	State:	Zip:
Phone:			
Email:			

**CHANGE OF MARITAL STATUS**

Effective date of change: \_\_\_/\_\_\_/\_\_\_

Member #: \_\_\_\_\_

Name: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

I am divorced.

Please attach a copy of the divorce decree.

I have remarried. My new last name is: \_\_\_\_\_

Please attach a copy of marriage license.

My spouse is deceased.

Please attach a copy of the death certificate.

**Please return this form and any necessary paperwork to:**

**GMP Employers Retiree Trust 5245 Big Pine Way SE, Fort Myers, FL 33907-5998**

**Or fax to GMP Employers Retiree Trust at 239-936-3438**