RETIREE UPDATE

Retiree? ☐ Yes ☐ No		
ID No.:	Name:	Today's Date:
Department:		
Preferred Name:		
Name Change ***(Your name change will not be made until it is updated with Social Security***).		
New Address *(9-digit zip code required)*:		
Preferred Telephone/Contact No. *(home or cell number)*:		
Alternate Telephone No. *(home or cell number)*:		

X _____ _____

Employee Signature Date

Email completed form to benefits@bepc.com or send to your representative.

Note: This form is sent to Member Services & Administration, Payroll, Benefits, Medical Services, Accounts Receivable, and Human Resources.