

# Indiana State Police Retiree Address Change Form

Mail Completed Form To:

Indiana State Police  
Human Resources Division – Attn: Pension  
100 N Senate Ave, Room N340  
Indianapolis, IN 46204-2259

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

EMAIL: \_\_\_\_\_

We are requesting disclosure of your Social Security Number in accordance with I.C. 4-1-8.

Social Security Number: \_\_\_\_\_

PE Number: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Please check all boxes below that apply:**

- Receiving ISP Pension
- Widow
- Civilian
- Indiana State Police Healthcare Plan Member