



Retiree Contact Update Form

Please use this form to update your name and/or address. You may fill it out electronically or print and complete by hand. Submit completed forms via email to SWCBenefits@swccd.edu or by mail to: **SWC Benefits Department**
900 Otay Lakes Road Chula Vista, CA 91910.

Ensure all fields are completed clearly.

Full Name (First, Middle, Last):

Previous Name (if applicable):

Street Address:

City:

State:

ZIP Code:

Phone Number:

Email Address:

Signature: _____

Date: _____