



Retiree Demographic Change Form

From time to time, City Colleges of Chicago may need to reach out to you regarding your retiree medical coverage. Please retain this form for your records. As your contact information changes, be sure to provide this form so that our records are up-to-date.

Retiree Contact Information

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

_____ *City* *State* *ZIP Code*

Home Phone: _____ Alternate Phone: _____

Email: _____

SSN or Gov't ID¹: _____

Birth Date: _____ Marital Status: _____

Spouse's Name: _____

Retiree's Signature: _____ Date: _____

City Colleges of Chicago
Benefits Division
3901 S. State Street
Chicago, IL 60609
benefits@ccc.edu

¹ Identity Protection Statement

City College of Chicago (CCC) pursuant to the State of Illinois's Identity Protection Act (Public Act 096-0874) is notifying you the purpose for collecting and using your social security number. It is necessary for your social security number to be provided to allow CCC to locate your personnel records being requested in this form. To protect your identity, your social security number will be secured from unauthorized access, and strictly prohibits any release to any authorized parties. CCC will adhere to state and federal laws.