

# OSA RETIREE INFORMATION FORM

If you are a newly retired OSA member or a retired OSA member whose address or other contact information has changed, please complete this form and mail to:

**OSA, 220 East 23rd Street, Suite 707  
New York, New York 10010**

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

Name (please print): \_\_\_\_\_

Street Address (include apt. no. if any): \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Pension Number

U# \_\_\_\_\_ on Pension Check (If Applicable)

N# \_\_\_\_\_ on Pension Check (If Applicable)

Agency Where You Last Worked:

\_\_\_\_\_

Your Title At The Time of Your Retirement:

\_\_\_\_\_

Your Last Day of Work:

Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Your Effective Retirement Date:

Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

(If retirement is deferred, the date when you will start to receive your pension.)