

Questions about completing this form?

Call Retiree Payroll ext. 6200

(303) 770-3772 in the Denver Metro area

(800) 332-3772 toll free nationwide

FPPA  
5290 DTC Parkway  
Suite 100  
Greenwood Village,  
Colorado 80111-2721

email:  
RetireePayroll@FPPAco.org

or fax:  
(303) 771-7622

## Email Address Form

**Instructions:** This form is to notify FPPA of your current e-mail address. Please fill out, sign and mail this form to the FPPA address listed above. E-mail addresses will not be sold or used for any purpose other than communication from FPPA.

### Member Information

Active

Retiree

Member's Last Name

First Name

Middle Initial

X X X . X X \_ \_ \_ \_

Social Security Number - Last Four Digits Only

Name of Employer - if an active member

### Current E-mail Address

\_\_\_\_\_ @ \_\_\_\_\_ . \_\_\_\_\_  
Current E-mail Address

### Previous E-mail Address - if applicable

Does the email address (left) replace a previously provided email?  Yes  No

If Yes, please provide your previous email address so we may remove it from our records.

\_\_\_\_\_ @ \_\_\_\_\_ . \_\_\_\_\_  
Previous E-mail Address

### Specify Your Mailing Preference

**Required Communications** from FPPA such as legislative notifications, the *PensionCheck* newsletter, and other important plan information that are deemed necessary and required communications to members.

I prefer to receive **Required Communications** from FPPA as (check ONLY ONE box):

Email (the default option if we already have an email for you)

Postal Mail

(Certain Required Communications may be required to be sent by Postal Mail.)

**Optional Communications** from FPPA include Seminar Invitations, etc.

I request to receive **Optional Communications** from FPPA as (check ONLY ONE box):

Email (the default option if we already have an email for you)

Postal Mail

Opt-out of all Optional Communications all together.

You may also specify your mailing preference at anytime by logging on to your profile page of the Member Account Portal (MAP).

### PHONE Information - optional

Home Phone #

Cell Phone #

Fax #

### Signature Required

X

Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date Signed