

## E-MAIL 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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

-  -

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