



NAME/ADDRESS FORM

Retiree PRINTED Name: _____

(Please print your name for proper identification)

Preferred Method of Contact: Address Phone Email

ADDRESS:

PHONE NUMBER:

EMAIL:

RETIREE SIGNATURE: _____ **DATE:** _____

Questions? Call Human Resources at (239) 533-2245

RETURN THIS FORM TO:

**Lee County BoCC
Human Resources
1825 Hendry Street
Suite 200
Fort Myers, FL 33901**

Fax: (239) 485-2052

Email: benefits@leegov.com