

Town of Andover

Contributory Retirement System



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AUTHORIZATION TO SHARE MAILING ADDRESS FOR INSURANCE PURPOSES

I hereby authorize and request the Town of Andover Contributory Retirement System to share my mailing address with the Town of Andover & Human Resources for insurance purposes. My signature below indicates my permission and will be in force until it is rescinded in writing.

RETIREE NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

MY AUTHORIZATION:

_____ TODAY'S DATE: _____