

# CHANGE OF ADDRESS FORM FLEXIBLE BENEFITS PROGRAM

Instructions: Please complete each section of this form and return it to your Personnel/Payroll Office, so that your new address will be activated for the State of Georgia Flexible Benefits Program. Do not send this form to the Flexible Benefits Program. It is recommended that you keep a copy of this form for your files. ***It is important to note that this form is not applicable for an address change for the State Health Benefit Plan options or the State of Georgia Deferred Compensation Program.***

## NEW ADDRESS

SSN: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS : \_\_\_\_\_  
\_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

## PREVIOUS ADDRESS

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

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\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE



Prepared by Georgia Merit System Employee Benefits Division