



### HR Change of Address Form

Name: \_\_\_\_\_ J Number: \_\_\_\_\_

Effective Date: \_\_\_\_\_ Last 4 of SSN: \_\_\_\_\_

New Address: \_\_\_\_\_  
Street Address  
\_\_\_\_\_  
City State Zip Code

Phone Number: ( ) \_\_\_\_\_ - \_\_\_\_\_

In order to update your address on file with the benefits vendors, the Department of Human Resources (HR) will need to forward this form to each vendor. According to our records, you have selected the following coverage(s). HR will provide this form to the respective vendors to request the change be made as of the above effective date.

- State of Mississippi Health and Life (BlueCross BlueShield of MS)
- Public Employees' Retirement System of Mississippi (PERS)
- Southern Administrators & Benefit Consultants (Cafeteria Plan & Flexible Spending Accounts)
- Superior Vision
- Delta Dental
- Cigna Long Term Disability

\_\_\_\_\_  
Employee Signature Date

#### For Employer Use Only

\_\_\_\_\_  
HRIS Representative Signature Date

\_\_\_\_\_  
HR Benefits Signature Date