

EMPLOYEE ADDRESS CHANGE FORM

Please return to the Benefit & Compensation Services Office 401 Wilson Hall

Name: _____

Grizz ID: _____

Effective Date of Change: _____

New Address: _____

Telephone Number: _____

Please change my address for the following:

- | | |
|---------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> Priority Health | <input type="checkbox"/> Davis Vision |
| <input type="checkbox"/> Blue Care Network | <input type="checkbox"/> Blue Cross Blue Shield Vision |
| <input type="checkbox"/> Community Blue PPO | <input type="checkbox"/> Delta Dental |

- Contact Fidelity at 1-800-343-0860 or TIAA at 1-800-842-2776 to change your address.

Signature: _____