

Employee Change of Address

Please complete and return to the Human Resource Office.

Indicate here (X) if you have these payroll deductions:

- | | | |
|--|---|---|
| <input type="checkbox"/> Wellmark BC/BS | <input type="checkbox"/> Delta Dental | <input type="checkbox"/> IPERS |
| <input type="checkbox"/> AFLAC | <input type="checkbox"/> Garnishment | <input type="checkbox"/> Christmas Club |
| <input type="checkbox"/> Child Support | <input type="checkbox"/> Uniforms | <input type="checkbox"/> 457 Deferred Comp. |
| <input type="checkbox"/> Cancer Policy | <input type="checkbox"/> Union Dues | |
| <input type="checkbox"/> TASC-Flex Medical | <input type="checkbox"/> TASC-Flex Dependent Care | |

Name _____

Old Address _____

New Address _____

Phone _____

Signature _____

Date _____