



## CHANGE OF ADDRESS FORM

Employer Name \_\_\_\_\_

Employee's Name \_\_\_\_\_

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

OLD ADDRESS:

NEW ADDRESS:

Street \_\_\_\_\_

Street \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

**Mail This Form To:**

Flexible Benefit Administrators, Inc.  
P.O. Box 8188, Virginia Beach, VA, 23450

**Fax This Form To: (Please include cover sheet)**

Flexible Benefit Administrators, Inc.  
Fax Number: 757-431-1155