



Notice of Change of Address

Please print, complete and submit to:
Office of Human Resources
3800 Hillsborough Street
Raleigh, NC 27607-5298

Full Name: _____

ID Number: _____

Department: _____

Old Address: _____

New Address: _____

New Phone: () - _____

Effective Date of Change: _____

Signature: _____

Please note: If you are benefit eligible, the Office of Human Resources will change your address with most of your benefit carriers.

You will need to change your information with the following carriers: TIAA-CREF, VALIC, Long Term Care, and HSA Bank.

For HR Office Use:

Datatel Updated: _____

- | | | |
|----------------------------------------------|-----------------------------------------------------------------------|-----------------------------------------|
| <input type="checkbox"/> Medical Insurance | <input type="checkbox"/> Dental Insurance | <input type="checkbox"/> Life Insurance |
| <input type="checkbox"/> Vision Insurance | <input type="checkbox"/> Long Term Disability | <input type="checkbox"/> Medical Flex |
| <input type="checkbox"/> Dependent Care Flex | <input type="checkbox"/> Accident / Critical Illness / Universal Life | |

HR: _____ Date: _____