



**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, Life Lock and HSA Bank.**

-----

**For HR Office Use:**

Datatel Updated: \_\_\_\_\_

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

HR: \_\_\_\_\_ Date: \_\_\_\_\_