



Address Change Request Form

Date: _____

Employer: _____

Participant Name: _____

Participant Social Security Number: _____ - _____

Please indicate your old address and new address below:

| OLD ADDRESS | NEW ADDRESS |
|-------------|------------------------|
| _____ | New Address |
| _____ | Effective Date: |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

(Participant Signature)

(Phone Number)

Please return to:

benefitexpress
1700 E. Golf Road, Suite 1000
Schaumburg, IL 60173
Phone: (877) 837-5017
Fax: (253) 793-3766 (Attn: COBRA Dept)
Email: help@mybenefitexpress.com