



## 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
_____ _____ _____ _____ _____	<b>New Address</b> <b>Effective Date:</b> _____ _____ _____ _____

\_\_\_\_\_  
(Participant Signature)

\_\_\_\_\_  
(Phone Number)

Please return to:  
**benefitexpress**  
**P.O. Box 2798**  
**Omaha, NE. 68103**  
**Phone: (877) 837-5017**  
**Fax: (253) 793-3766**  
**Email: [help@mybenefitexpress.com](mailto:help@mybenefitexpress.com)**