



Change of Address and/or Emergency Contact



Instructions

Once you have completed these forms, please return to Human Resources for processing.

If you have moved to a different state, please let us know and we will send you the correct tax forms. Also, if you have changed your emergency contact, please let us know if you need to update your authorization for release of information form regarding your benefits.

Change of Address

Date:	
Employee Full Name:	
Employee Banner ID Number: <i>(9 numbers, begins with 9)</i>	
Employee Number: <i>(4 to 6 numbers)</i>	
Birthdate: mmddyy	
New Home Address:	
New Telephone Number:	

Change of Emergency Contact

Date:	
Contact Name:	
Contact Address:	
Contact Telephone Number:	
Contact Relationship:	

HR Use Only

	Banner
	FBMC
	PEIA
	WVU-M payroll & tax

**State of West Virginia Public Employee Insurance Agency
Change In Address Form**

CIA

Complete this form to Change the Address for you or your dependents.
Complete all sections of the form except "AGENCY"

Please Note: Changing your address with PEIA **does not update the information with Mountaineer Flexible Benefits.** You must also complete a Demographic Change form and send it to FBMC to update your information in their system.

Employee	Full Legal Name (Last) (First) (MI) (Generation: Jr., Sr., etc.)	Social Security Number
	Old Mailing Address	County of Residence
	Home Telephone ()	
	City State Zip	Work Telephone ()
	Physical Address	Sex (Circle one) M F
City State Zip	Date of Birth (mm/dd/yy)	

New Address	New Mailing Address	County of Residence
	City State Zip	
	Physical Address	
	City State Zip	

Dependent	Legal Name (Last, First, MI, Generation)	New Address (if different from above)

Signature	Agency Name
	I hereby certify that to the best of my knowledge, the information contained herein is accurate and that providing false information on this form is illegal and those who provide false information may be prosecuted.
	<div style="display: flex; justify-content: space-between;"> Policyholder's Signature: Date: </div>



STATE OF WEST VIRGINIA

Active Employee Demographic Change Form

EMPLOYEE NAME: _____

LAST FOUR DIGITS OF SOCIAL SECURITY # _____

AGENCY NAME: WVU Parkersburg FBMC 4-DIGIT WORK LOCATION #: 0464

INSTRUCTIONS: PLEASE RETURN THIS COMPLETED DOCUMENT TO FBMC BY MAIL OR FAX. BENEFIT COORDINATOR SIGNATURE IS REQUIRED.

PLEASE SELECT THE TYPE OF CHANGE:

Name Change* Date of Birth* Change of Address* Phone Number* Email*

*Only the indicated demographic information will be updated, no changes to your current benefits will be made. This form cannot be used for updating dependent demographic information.

NAME CHANGE: (Former Name): _____ to

(New Name): _____

DATE OF BIRTH: _____

NEW ADDRESS: _____

PHONE NUMBER CHANGE: _____

EMAIL CHANGE: _____

EMPLOYEE SIGNATURE: _____

BENEFIT COORDINATOR SIGNATURE: _____

BENEFIT COORDINATOR: _____ DATE: _____

MAIL TO: FBMC Benefits Management, Inc.
ATTN: Enrollment Processing
P.O. Box 1878
Tallahassee, FL 32302

FAX TO: 1.850.514.5803
ATTN: Enrollment Processing