



# Change of Address Contact



## Change of Address for FBMC Benefits:

Please complete/sign the Demographic Change Form and return to Human Resources.

## Change of Address for PEIA Benefits:

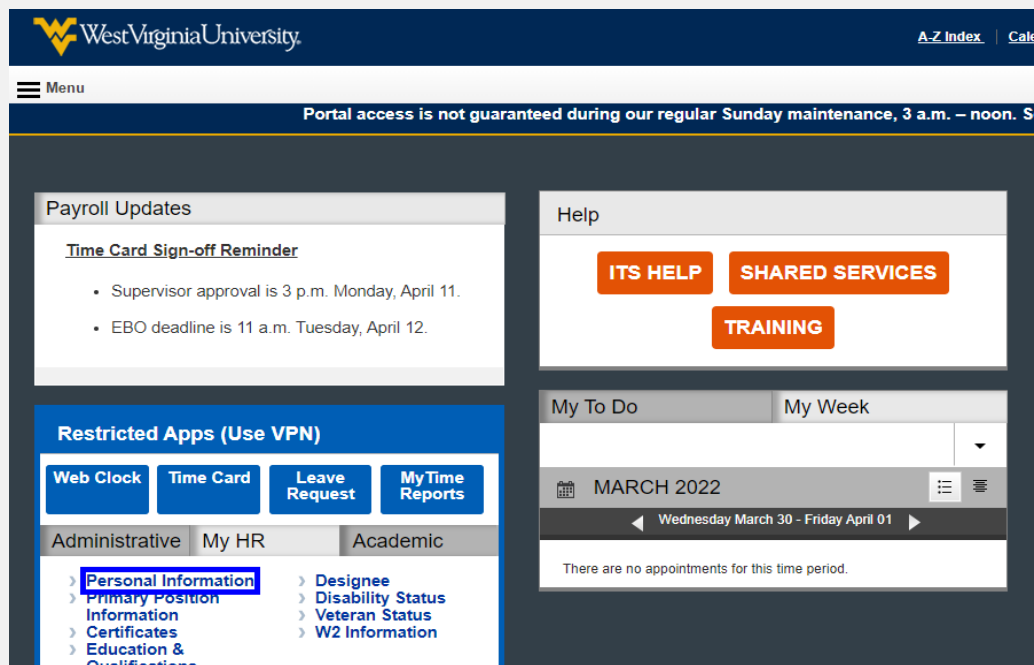
To make the change a policyholder can go into Manage My Benefits and on the account information screen, the name, address, telephone number can be updated by clicking on Edit My Contact. Link: <https://peia.wv.gov/>

## Change of Address for WVUP/WVU:

You will need to sign in to WVU's secure browser at <https://remote.wvu.edu>. If you forgot your WVU username/password, click on <https://login.wvu.edu/>. Duo Two-Factor will be required next.

Then, click on <https://portal.wvu.edu>. Use your WVU username/password. Duo Two-Factor will be required next.

Click on My HR and finally Personal Information (screenshot below) to update your address.



## Change of Address for TIAA:

You will need to sign in to <https://tiaa.org>



**MOUNTAINEER  
FLEXIBLE BENEFITS**  
FBMC BENEFITS MANAGEMENT

## 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