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## Benefits Change of Address Form

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For address changes with the University's Human Resources Department, updates must be made online via myOleMiss. All benefit plan vendors with which you are currently enrolled will be updated with the address you provide. The Benefits Information Change Form should only be completed if the address you wish to place on file with your enrolled benefit plan vendor(s) differs from the address provided to Human Resources.

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**Employee Name:** \_\_\_\_\_

**University ID #:** \_\_\_\_\_ **Effective Date:** \_\_\_\_\_

**New Mailing Address:** \_\_\_\_\_  
Street Address or PO Box

\_\_\_\_\_

City	State	Zip Code
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**Make sure you select the appropriate vendor options(s):**

- |  |   |
|--|---|
| <input type="checkbox"/> State Health and State Life   | <input type="checkbox"/> Davis Vision                             |
| <input type="checkbox"/> Delta Dental Insurance Company  | <input type="checkbox"/> Colonial Life & Accident Company         |
| <input type="checkbox"/> American Heritage (Cancer/Dreaded Disease)                                    | <input type="checkbox"/> Life of Alabama (Cancer/Dreaded Disease) |
| <input type="checkbox"/> Southern Administrators & Benefit<br>Consultants (Flexible Spending Accounts) |   |

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**Optional Retirement Plan (ORP), voluntary supplemental 403(b), and/or Deferred Compensation retirement plan** address changes must be submitted via your online account with each vendor.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

Completed form may be submitted via email, fax, or postal mail.  
Please refer to the document header for contact information.