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## Benefits Change of Address Form

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Complete the Benefits Change of Address Form if you wish to update your address for each of your enrolled benefit plan vendor(s). All benefit plan vendors selected with which you are currently enrolled will be updated with the address you provide.

Employee/Policyholder Name: \_\_\_\_\_

University ID: \_\_\_\_\_ Effective Date: \_\_\_\_\_

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### Change Address From

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Previous Mailing Address: \_\_\_\_\_  
Street Address or P.O. Box

\_\_\_\_\_  
City State Zip Code

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### Change Address To

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New Mailing Address: \_\_\_\_\_  
Street Address or P.O. Box

\_\_\_\_\_  
City State Zip Code

**Make sure you select the appropriate vendor option(s):**

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|--|--|
| <input type="checkbox"/> State Health and State Life         | <input type="checkbox"/> Supplemental Term Life – Unum                       |
| <input type="checkbox"/> Dental – Delta Dental               | <input type="checkbox"/> Long Term Disability – Unum                         |
| <input type="checkbox"/> Vision – Davis Vision by MetLife    | <input type="checkbox"/> Long Term Disability – American Fidelity Disability |
| <input type="checkbox"/> Mediflex – SABC                     | <input type="checkbox"/> Cancer – Aflac – Policy # _____                     |
| <input type="checkbox"/> Careflex – SABC                     | <input type="checkbox"/> Critical Care – Aflac – Policy # _____              |
| <input type="checkbox"/> AD&D – National Union Fire Ins. Co. | <input type="checkbox"/> Accident – Aflac – Policy # _____                   |

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**To update your address with PERS you must complete Form 1C. Optional Retirement Plan (ORP), voluntary supplemental 403(b), and/or MS Deferred Compensation (457) 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, postal or campus mail or at  
<https://w.msstate.edu/hrm/online-files/benefits-enrollment.php>.  
Please refer to the document header for contact information.