ADDRESS CHANGE FORM

Instructions: To ensure that you receive the most up-to-date and accurate benefits information and other company communications, it is important that you maintain current address information on file with Hanford Benefits Administration at all times. To update your address information, complete **all information** on the form below and return it to the address listed at the bottom of the form.

Status:

◯ Retired ◯ Inactive ◯ Other (Specify) _____

Name (Last, First, M.I.):	**HID No. or SS No.:**

NEW MAILING ADDRESS INFORMATION

Street Address:	**Apartment No.:**

City:	**State:**	**ZIP + 4 Digit:**	**Country:**

Home Phone:	**Cell Phone Number:**
( )	( )

E-Mail Address:

Signature:	**Date:**

COMPANY CONTACT INFORMATION

E-Mail: Benefits-HEWT@rl.gov (Off-site)
^Benefits-HEWT (On-site)

<u>Web Site:</u> www.hanford.gov/hr/

Return Completed Form To:

Mission Support Alliance
Benefits Administration
P.O. Box 650, H2-23
Richland, WA 99352-9923

OFFICIAL USE ONLY
(when filled in)

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