Change of Address Form for Active Benefit Eligible Employees

Name: _____
(Please Print)

SSN: _____ **SMU ID:** _____

Old Home Address:
_____
_____
_____

New Home Address:
_____
_____
_____

Old Mailing Address:
_____
_____
_____

New Mailing Address:
_____
_____
_____

Old Phone Number:
_____

New Phone Number:
_____

On my behalf, please also notify the following organization(s):

Medical:
___ Blue Cross/Blue Shield (Network)
___ Aetna (HMO)
___ MetLife (Dental)
___ Comp Benefits (Vision)

Regular Retirement:
___ TIAA/CREF
___ Fidelity
___ Vanguard

Supplemental Retirement:
___ VALIC
___ TIAA/CREF
___ Fidelity
___ Vanguard

Voluntary Coverage:
___ Group Universal Life (Cigna Life)
___ LTD Supplement (Mass Mutual)
___ Long Term Care (CNA)

Signature: _____

Date: _____ **Effective Date:** _____

Please return completed forms to the Department of Human Resources, Benefits Office in Perkins Administration Building, Room 322 or mail to PO Box 750232, Dallas, TX 75275-0232.