

FBC Change of Address Form



Employee Instructions	<p>The Change of Address Form is to be used to change your address as maintained by the Plan if you are no longer actively making contributions to the Plan or if you have terminated employment with your FBC district. If you are still actively making contributions to the Plan and you are still employed by your FBC district, this form is generally not needed -- simply notify your district payroll office of the address change. Please note that address information provided by your employer will supersede any address change made by submission of this form. Upon completion, you may fax or mail a copy of this form to the FBC Offices. FBC Fax: (800) 597-8206</p>			<p>Fringe Benefits Consortium Attn: Annette Martinez 6401 Linda Vista Road Room 506 San Diego, CA 92111</p>
Employee Information	<p>Participant Name _____</p>			
Former Mailing Address	<p>Former Mailing Address</p> <p>(Street) _____</p> <p>(City, State, Zip) _____</p>	<p>District or Former District</p> <p>_____</p>	<p>Home Phone Number</p> <p>_____</p>	
New Mailing Address	<p>New Mailing Address</p> <p>(Street) _____</p> <p>(City, State, Zip) _____</p>			
Employee Signature	<p>Employee Signature</p> <p>X</p>	<p>Date</p> <p>_____</p>		