

# FBC Change of Address Form



Fringe Benefits Consortium

Employee Instructions	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 school district. If you are still actively making contributions to the Plan and you are still employed by your school district, then this form is generally not needed -- simply notify your district payroll office of your address change. Please note that address information provided by your employer will supersede any address change made by submission of this form. Upon completion, please fax a copy of this form to (800) 597-8206.		
Employee Information	Participant Name		Change Name To (if applicable)
	Social Security Number	District or Former District	Home Phone Number
Former Mailing Address	Former Mailing Address  _____ (Street)  _____ (City, State, Zip)		
New Mailing Address	New Mailing Address  _____ (Street)  _____ (City, State, Zip)		
Employee Signature	Employee Signature X	Date	

Upon completion, fax a copy to (800) 597-8206.