

State of West Virginia  
Public Employees Insurance Agency  
**Health Benefits and Life Insurance Change-In-Address Form**



Complete this form to advise PEIA of a change in address. Please complete all sections as appropriate except the last section, "AGENCY", and return to your payroll coordinator.

<b>E M P L O Y E</b>	Name (Last) (First) (MI) (Generation)			Social Security Number	
	OLD ADDRESS Street		County of Residence		Home Phone ( )
	City State		Zip		Work Phone ( )
	Indicate Coverages That Are Currently Active <input type="checkbox"/> Health <input type="checkbox"/> Optional Life <input type="checkbox"/> Basic Life <input type="checkbox"/> Optional Dependent Life				

<b>C H T A Y N P G E</b>	NEW ADDRESS OF POLICYHOLDER Street			County of Residence		Home Phone ( )
	City State		Zip		Work Phone ( )	
	Effective Date of New Address		Employee's Signature			

<b>D E P E N D E N T</b>	Name (Last, First, MI, Generation)	Address (If different from above)	Relationship (Circle One)	Sex/Category M/F	Birth Date (MM/DD/YY)	Social Security #	Effective Date of New Address
			SP CH				
			SP CH				
			SP CH				
			SP CH				
<b>CATEGORY for Dependent Child(ren):</b> 1. Child (biological or adopted)      3. Grandchild      5. Student (age 19-25) 2. Step-child      4. Court-Ordered Dependent Child      6. Other  In dependent column titled "Sex/Category", please write (e.g., M1 for Male Child; F3 for Female Grandchild; F26 for Female Step-child/Student, etc.).							

**To Be Completed By The Employer:**

<b>A G E N C Y</b>	Agency Name		Agency Address (Include City, State and Zip Code)		Region
	Account Number	Authorized Signature:		Date:	