

BRYN MAWR COLLEGE
Human Resources
Address Change Form

HR USE ONLY

Processed by/Date:

Please print clearly

Name: _____ Id Number: _____
(Last, First)

Old Address: _____

P.O. Boxes are considered mailing addresses only. If you provide a P.O. Box, please also provide a street address

New Address: _____

Home Phone: _____

Address Type: _____Permanent _____Mailing Effective Date: ____/____/____

If this is not a permanent change, when will this address no longer be effective? ____/____/____

Would you like your old address to take effect as of this date? _____Yes _____No

I give Human Resources permission to notify the following vendors of my change in address and phone number (check all that apply; for permanent changes only):

_____Independence Blue Cross _____Delta Dental _____Payflex (flexible spending account)

If you are a participant in the HDHP health savings account with HealthEquity, you need to update your address via the member portal at www.healthequity.com or by calling Member Services 1-866-346-5800.

I also understand that in addition to the Address Change form, I am required to complete a Local Earned Income Tax Residency Certification Form.

Signature

Date

If you are a participant in Transamerica, your address will be updated automatically when the update is complete in our system.

If you currently reside in or are moving to New Jersey, and would like to have New Jersey state income tax withheld from your paycheck, please contact the Payroll Office to complete the appropriate state forms.