

BRYN MAWR COLLEGE
Human Resources
Address Change Form

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| <u>HR USE ONLY</u> Processed by/Date: |
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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 in
the member portal at www.healthequity.com by calling Member Services 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.