COUNTY OF SUFFOLK



DEPARTMENT OF HUMAN RESOURCES EMPLOYEE MEDICAL HEALTH PLAN

JOSEPH LAMBERSON DIRECTOR

## S.C. Department of Human Resources Employee Benefits Unit

## **CHANGE OF ADDRESS FORM**

The member must complete all information listed below, sign, date and return the form to the *Suffolk County Department of Human Resources Employee Benefits Unit* at the mailing address listed below.

Name:	SS#: XXX-XX
Permanent Address:	
Mailing Address (If different than above):	
Effective Date of Above Address:	
Previous Address:	
Phone: Home: ( )	Cell: ( )
Member's Signature:	Date: