



## CHANGE OF ADDRESS FORM

Employer Name: FERRUM COLLEGE

Employee's Name: \_\_\_\_\_

Social Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

### OLD ADDRESS

Street: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_ Zip \_\_\_\_\_

### NEW ADDRESS

Street: \_\_\_\_\_

City: \_\_\_\_\_

State \_\_ Zip \_\_\_\_\_

<b>Mail This Form To:</b> Flexible Benefit Administrators, Inc. P.O. Box 8188, Virginia Beach, VA, 23450	<b>Fax This Form To: (Please include cover sheet)</b> Flexible Benefit Administrators, Inc. Fax Number: 757-431-1155
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