



# The City of Oklahoma City

## PERSONNEL DEPARTMENT

### CHANGE OF ADDRESS REQUEST FORM

#### ACTIVE EMPLOYEES

**NOTE: Send completed form to your Payroll Officer or to Personnel Department – HRIS.** When entered, this form changes your address on PeopleSoft including Payroll and your health providers.

\_\_\_\_ PeopleSoft ID number

#### RETIREES

**NOTE: Mail completed form to the address below, attention: The City of Oklahoma City Personnel Department – Employee Benefits Division.** A change of address could cause you to be out of the service area for some HMO plans. Contact your HMO carrier to verify. When entered, this form changes your address for health, dental and life insurance plans if enrolled. It does not change your address with the State or City Pension Boards who issue pension checks for retirees.

\_\_\_\_\_ People Soft ID Number

Name: \_\_\_\_\_ Effective Date of Change: \_\_\_\_\_  
PRINT

Date of Birth: \_\_\_\_\_ Social Security number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

New Street Address: \_\_\_\_\_

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

Mailing Address if different from above: \_\_\_\_\_

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

Telephone Number: (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE Date: \_\_\_\_\_

Please call (405) 297-2144 with questions.

#### City Offices Routing

\_\_\_\_\_ HRIS \_\_\_\_\_ Date Entered \_\_\_\_\_ Employee Benefits \_\_\_\_\_ Date Entered