BRYN MAWR	COLLEGE				HR USE ONLY
Human Resource					Processed by/Date:
Address Change					
8-					
Please print clearly					
Name: (Last, First)				Id Numbe	er:
Old Address:					
P.O. Boxes are considered	mailing addresses	s only. If you provide a P	.O. Box, please also	provide a stre	eet address
New Address:					
Home Phone:					
Address Type:	Permanent	Mailing	Effectiv	e Date:	/
If this is not a permane	ent change, wh	en will this address no	o longer be effect	ive?	_//
Would you like	e your old addr	ress to take effect as o	f this date?	Yes	No
I give Human Resource (check all that apply; for p	-	•	g vendors of my c	change in a	ddress and phone number
Independence	Blue Cross	Delta Dental	Payflex	(flexible s	pending account)
• • •		-	-	•••	ed to update your address via
the member portal at <u>v</u>	<u>www.healthequ</u>	<u>uity.com</u> or by calling	Member Services	s 1-866-346	5-5800.
I also understand that Tax Residency Certifi		he Address Change fo	orm, I am required	d to comple	ete a Local Earned Income
Signature			Date		
If you are a participant system.	in Transamerica	a, your address will be t	updated automatic	ally when th	e update is complete in our

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.