

Change of Address Form

This form is for General County retirees. FCPS School retirees please use Schools specific Change of Address Form #ES038

Employees' System Police Officers System Uniformed System

Name: _____ Social Security # _____
 (please print) (last 4 digits)

E-mail Address: _____

OLD Street Address: _____

NEW Street Address: _____

New/Current Phone Number(s): _____

Date of Move: _____

PLEASE NOTE: If you no longer reside in Virginia, state tax withholding will cease.

Important Information for Retired County employees:

Retired County employees who move outside of the County's **Kaiser** service area must change health insurance plans within 30 days or your County health insurance coverage will be terminated permanently. Please contact the County Department of Human Resources at 703-324-3311.

Retired County employees with health, vision, dental, or life insurance, contact Agnetta Palacios from the County Department of Human Resources at 703-324-3336 or agnetta.palacios@fairfaxcounty.gov to have your address updated on your insurance benefits.

Signature: _____ **Date:** _____

Please return this form to: