

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: