



CHANGE OF ADDRESS FORM

TOOELE CITY HALL • 90 NORTH MAIN STREET • TOOELE, UT 84074 • PHONE 435-843-2105 • FAX 435-843-2106

Name: _____ Employee # _____ Department: _____

Address

From: _____
(Street) (City) (State) (Zip)

To: _____
(Street) (City) (State) (Zip)

Phone

From: _____

To: _____

Effective Date: _____

Please initial below if you would like your address changed with these other agencies. Return form to Human Resources.

- _____ PEHP – Heath and Dental
- _____ ULGT – Vision
- _____ Flex Check – Flexible Spending Account
- _____ Mutual of Omaha – Life
- _____ Utah Retirement Systems
- _____ John Hancock 401k Plan
- _____ Tooele City Accounts Payable

For HR Office Use only:

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Employee Signature: _____