

**BRYN MAWR COLLEGE**  
**Human Resources**  
**Address Change Form**

<p align="center"><b><u>HR USE ONLY</u></b></p> <p>Processed by/Date:</p>
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Please print clearly

Name: \_\_\_\_\_ Id Number: \_\_\_\_\_  
(Last, First)

Old Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

P.O. Boxes are considered mailing addresses only. If you provide a P.O. Box, please also provide a street address

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

Home Phone: \_\_\_\_\_

Address Type: \_\_\_\_\_Permanent      \_\_\_\_\_Mailing      Effective Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

If this is not a permanent change, when will this address no longer be effective? \_\_\_\_/\_\_\_\_/\_\_\_\_

Would you like your old address to take effect as of this date?      \_\_\_\_\_Yes      \_\_\_\_\_No

I give Human Resources permission to notify the following vendors of my change in address and phone number (check all that apply; for permanent changes only):

\_\_\_\_\_Independence Blue Cross      \_\_\_\_\_Delta Dental      \_\_\_\_\_Payflex (flexible spending account)

If you are a participant in the HDHP health savings account with HealthEquity, you need to update your address via the member portal at [www.healthequity.com](http://www.healthequity.com) or by calling Member Services 1-866-346-5800.

I also understand that in addition to the Address Change form, I am required to complete a Local Earned Income Tax Residency Certification Form.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*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.*