

MACOMB COUNTY

Human Resources and Labor Relations Department

1 South Main Street, 6th Floor, Mount Clemens, MI 48043 • Phone (586)469-5280 • Fax (586)469-6974

ADDRESS CHANGE REQUEST

Active Employee **DROP Employee** **Former Employee** **Retiree**

By submitting this form, Human Resources and Labor Relations will only update our HRLR system and healthcare providers. You must complete the address change process for any and all voluntary benefits with each provider you participate with, such as BASIC and Vanguard, etc.

Name: _____
(Please Print)

Previous Address: _____
(Number and Street)

(City, State and Zip Code)

New Address: _____
(Number and Street)

(City, State and Zip Code)

Home Phone #: _____ Is phone number new? YES NO

Cell Phone #: _____ Is phone number new? YES NO

Email Address: _____

Signature: _____ **Date:** _____

Department: _____ **Employee ID or Last 4 Digits SSN #:** _____

**P.O. Box number will only be accepted as a permanent address with written verification that the US Postal Service will not deliver to your address.*

To be completed by HRLR: Log date of when completed and initial

	Carrier Name	Entered Date Stamp	Initial
Debit Card:	_____	_____	_____
HRLR System:	_____	_____	_____
Medical Provider:	_____	_____	_____
Dental Provider:	_____	_____	_____
Vision Provider:	_____	_____	_____
Hearing Provider:	_____	_____	_____