



Employee Change of Home Address Form

(Please type or print legibly)

Note: This form is to be used for home address changes only. Name changes must be submitted to the Human Resources Office.

Employee Name: _____
 (Last Name) (First Name) (Middle Initial)

Employee Banner Id #: _____

Phone Number: _____ **Type:** Home _____ Mobile _____ Work _____

Is your phone number listed or unlisted in the phone directory? (Check One) Listed _____ Unlisted _____

New Address: _____
 (Street Address) (Apt / PO Box)

 (City) (State) (Zip Code)

 (County)

 Employee Signature Date

This form will change the address on your payroll records ONLY. Submit form to the Office of Human Resource, Carlton J. Barber Administration Building Lower Level, for processing.

For the following benefits, please update your address by contacting the vendor directly:

Benefit Vendors Contact Information	
State Health Plan	https://shp-login.hrintouch.com
NCFlex (dental, vision, flex spending, NCFlex life, AD&D, critical illness, cancer)	https://shp-login.hrintouch.com
TIAA-CREF ORP or 403(b)	877-267-4505
Fidelity ORP or 403(b)	800-343-0860
Valic ORP	800-448-2542
Lincoln Financial ORP	866-419-7202
Prudential 401(k) & 457	866-627-5267
Teachers' and State Employees' Retirement System (TSERS)	877-627-3287
Liberty Mutual Long Term Disability	888-440-6118
Standard Long Term Disability	800-368-1135
Legal Shield (pre-paid legal services)	800-654-7757
AFLAC	800- 992-3522



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