

**State of West Virginia Public Employee Insurance Agency
Change In Address Form**

CIA

Complete this form to Change the Address for you or your dependents.
Complete all sections of the form except "AGENCY"

Please Note: Changing your address with PEIA **does not update the information with Mountaineer Flexible Benefits.** You must also complete a Demographic Change form and send it to FBMC to update your information in their system.

Employee	Full Legal Name (Last) (First) (MI) (Generation: Jr., Sr., etc.)	Social Security Number
	Old Mailing Address	County of Residence
	Home Telephone ()	
	City State Zip	Work Telephone ()
	Physical Address	Sex (Circle one) M F
City State Zip	Date of Birth (mm/dd/yy)	

New Address	New Mailing Address	County of Residence
	City State Zip	
	Physical Address	
	City State Zip	

Dependent	Legal Name (Last, First, MI, Generation)	New Address (if different from above)

Signature	Agency Name
	I hereby certify that to the best of my knowledge, the information contained herein is accurate and that providing false information on this form is illegal and those who provide false information may be prosecuted. Policyholder's Signature: _____ Date: _____