

**The University of Southern Mississippi
Address/Name Change Form**

Name of Insured
Empl ID

Name Change (a copy of Social Security Card is required)

I will be changing my e-mail address with iTech.

	First	M.I.	Last
New Name			
Previous Name			
Date of Change			

Address Change

Address		
Address		
City	State	Zip
Home Phone		
Office Phone		
Date of Change		

Authorization

Signature	Date
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I have elected the following insurances:

Dental Vision Cancer Medical/Dependent Care Reimburse

*****Must complete additional application for health and life insurance address change*****

**** Note: ORP participants must also make address changes with vendor(s).**