

Employee Change of Address

Please complete and return to the Auditor's office

Name _____

Old Address _____

New Address _____

Phone # _____

Signature _____

Date _____

Deductions updated (Office use only):

BC/BS _____ Dental _____ Benefits Inc. _____ IPERS _____

Aflac _____ Claims _____ Wash Nat'l _____ Garnishment _____

Child Support _____ 457 Deferred Comp _____ Flex Medical/Depend _____