

Employee Change of Address

Please complete and return to the Auditor's office

Name _____

Old Address _____

New Address _____

Phone # _____

Signature _____

Date _____

Deductions updated:

BC/BS _____ Dental _____ IPERS _____ Aflac _____

Wash Nat'l _____ Garnishment _____ Child Support _____

457 Deferred Comp _____ Flex Medical _____ Flex Dependent _____