State of West Virginia
Public Employees Insurance Agency

Health Benefits and Life Insurance Change-In-Address Form

CIA

Complete this form to advise PEIA of a change in address. Please complete all sections as appropriate except the last section, "AGENCY", and return to your payroll coordinator.

EMPLOYEE

Name (Last)	(First)	(MI)	(Generation)	Social Security Number

OLD ADDRESS Street	County of Residence	Home Phone ( )
City State	Zip	Work Phone ( )

Indicate Coverages That Are Currently Active

- ☐ Carelink
- ☐ The Health Plan
- ☐ PEIA PPB Plan
- ☐ Basic Life
- ☐ Optional Life
- ☐ Optional Dependent Life

CHANGE TYPE

NEW ADDRESS OF POLICYHOLDER Street	County of Residence	Home Phone ( )
City State	Zip	Work Phone ( )

Effective Date of New Address	Employee's Signature

Complete Dependent Area only if address is different From Policyholder address

DEPENDENT

Name (Last, First, MI, Generation)	Address (If different from above)	Relationship (Circle One)		Sex/Category M/F	Birth Date (mm/dd/yy)	Social Security #	Effective Date of New Address
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CATEGORY for Dependent Child(ren):

1. Child (biological or adopted)
2. Step-child
3. Grandchild
4. Court-Ordered Dependent Child
5. Student (age 19-25)
6. Other

In dependent column titled "Sex/Category", please write (e.g., M1 for Male Child; F3 for Female Grandchild; F25 for Female Step-child/Student, etc.).

To Be Completed By The Employer:

AGENCY

Agency Name	Agency Address (Include City, State and Zip Code)	Region

Account Number	Authorized Signature:	Date:

WHITE - PEIA **YELLOW - Managed Care Plan** **PINK - Payroll Location** **GOLDENROD - Employee**

Revised August 2005