

**WEST VIRGINIA LEGISLATURE**  
*Joint Committee on Government & Finance*

**Change of Address Form**

*(Please Print)*

**Employee Name:** \_\_\_\_\_

**Telephone#** \_\_\_\_\_ **Last 4 digits of SS#** \_\_\_\_\_

**New Address:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
**City**

\_\_\_\_\_  
**State**

\_\_\_\_\_  
**ZIP**

\_\_\_\_\_  
**County**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**IMPORTANT:**

**If you are enrolled in FBMC you must also update your information on a separate form.**

Follow this path...

Go to [www.peia.wv.gov](http://www.peia.wv.gov)

“Forms & Downloads”

“Mountaineer Flexible Benefits”

“Mountaineer Flexible Benefits Demographic Change Form (Active Employees)”

**Print, complete & submit to the Fiscal Office**

\_\_\_\_\_  
**For Fiscal Office Use Only:**

**Date Entered into HRM**

\_\_\_\_\_

**Date Entered into OASIS**

\_\_\_\_\_

*Place original in Employee Personnel File*