

# Employee Change of Address

*Please complete this form. Once you have completed the form please return it to 3300 SW 29<sup>th</sup> Street, Suite 100, Topeka, KS 66614 or you may fax to: 785-273-3816*

Employee's Name: \_\_\_\_\_

Employee's Last Four of Social Security Number: \_\_\_\_\_

Employee's Old Address: \_\_\_\_\_

Employee's New Address: \_\_\_\_\_

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_