



CITY OF HEMET

Change of Address and/or Telephone Number

Please use this form to report changes of address and/or telephone number. Make a copy of your completed form to keep for your records, and return the original to Human Resources as soon as possible.

NAME: _____

NEW ADDRESS: _____

NEW TELEPHONE NUMBER: _____

SIGNATURE OF EMPLOYEE

DATE

EFFECTIVE DATE OF CHANGE: _____



Please do not forget to change your address and/or phone number with your benefit providers:

Retirement

CalPERS www.calpers.ca.gov

Medical Insurance

Aetna www.aetna.com

Kaiser www.kp.org

Dental/Vision Insurance

Ogden www.obatpa.com

Deferred Compensation

ICMA www.icmarc.com

Nationwide www.nrsservicecenter.com