

Sunflower County Consolidated School District
"United For Excellence"

ADDRESS CHANGE FORM

TO: Payroll Department

NAME: _____

SCHOOL/LOCATION: _____

SOCIAL SECURITY NUMBER (LAST 4 DIGITS) _____

EFFECTIVE DATE: _____

PLEASE CHANGE MY ADDRESS AS SPECIFIED BELOW:

Current address on file _____

New address: _____

Also change this information in the Blue Cross Blue Shield State of MS Insurance system.

Employee's Signature _____

Date _____

NOTE: You must also complete a PERS Form 1C to be submitted to the Public Employees' Retirement System.