



CHANGE OF ADDRESS FORM FOR PAYROLL, RETIREMENT, AND HEALTH INSURANCE

The employee must contact Metlife, Liberty Mutual, Hyatt Legal, and other insurers separately.

Name:					
Social Security #:				EIN #:	
New Home Address (work address is not acceptable)					
Street Address:	(All employees are required to have a current address on file.)				
Mailing Address:	(Optional)				
City:		State:		Zip:	
Home Phone #:				Other #:	
Old Address					
Street Address:					
Mailing Address:					
City:		State:		Zip:	
Signature:				Date:	
Office Use Only					
Date Sent To Insurance:				560 East 200 South Salt Lake City, UT 84102	
Date Sent To Retirement:				P.O. Box 1590 Salt Lake City, UT 84110-1590	

Tasks Completed By:	
Date:	



URS

Utah
Retirement
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Department of Human Resource Management

