

# ***Employee Address / Phone Change Form***

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_ (Street) \_\_\_\_\_ (Apartment Number)  
\_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code)

Home Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

\_\_\_\_\_  
(Signature)

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*Internal Use Only*

*If applicable, K&R will also update your address with the following benefits:*

- \_\_\_ *Vanguard*
- \_\_\_ *Priority Health (Michigan)*
- \_\_\_ *United Healthcare (Florida)*
- \_\_\_ *Delta Dental*
- \_\_\_ *Sun Life Vision*

*Initial when completed* \_\_\_\_\_

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