

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

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

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

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

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

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

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

---

*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 (Florida and Michigan)*

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

---