



Address Update Request

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|---|
| <p>Harvard ID _____</p> <p>Retiree Name (please print) _____</p> <p>Subscriber Name (please print) _____</p> |
|---|

| Previous Address |
|---|
| <p>Street _____</p> <p>City _____ State ____ Zip Code _____</p> <p>Country (If applicable) _____</p> |

| New Address* |
|--|
| <p>Effective Date _____</p> <p>Street _____</p> <p>City _____ State ____ Zip Code _____</p> <p>Country (If applicable) _____</p> |

Signature _____ **Date** _____

Daytime Phone _____

Email Address _____

*Please note that an out-of-state address change may affect medical plan eligibility. Please contact Harvard Benefits at (617) 496-4001 for further information.
Forms can be mailed to Harvard Benefits 114 Mt. Auburn Street, 4th Floor, Cambridge, MA 02138;
Faxed to 617-496-3000 or Emailed to benefits@harvard.edu