



Address Update Request

<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 124 Mt. Auburn Street, 4th Floor, Cambridge, MA 02138;
Faxed to 617-496-3000 or Emailed to benefits@harvard.edu