

Hon. Elaine Phillips
Comptroller



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CHANGE OF ADDRESS REQUEST FORM

TO: NC Comptroller's Health Benefits Unit

Date: _____

From: _____

Last 4 digits of your SS #: _XXX-XX______

I am hereby requesting that you change my health insurance records to reflect a change in my mailing address.

Old Address: _____

New Address: _____

Email_____ **Tel #** _____

Signature_____