

Change of Address Form

How to File

Form can be submitted by (1) e-mail, (2) fax or (3) mail.

To submit by e-mail, E-mail to: contactus@flex-admin.com

To submit by fax, Print Form and fax to: 757-431-1155

To submit by mail print and mail to: Flexible Benefit Administrators, Inc.
P.O.Box. 8188, Virginia Beach, VA 23450

Information

Employer Name:

Employee's Name:

First

Last

Social Security or Employee ID #:

Effective Date:

Line of Service

check all that apply

FLEX

COBRA

Retiree

HSA

HRA

Transportation

Leave of Absence

Other (please specify)

Old Address

Street

Address 2

City

State

Zip Code

New Address

Street

Address 2

City

State

Zip Code