

WEST VIRGINIA LEGISLATURE
Joint Committee on Government & Finance

Change of Address Form

(Please Print)

Employee Name: _____

Telephone# _____ Last 4 digits of SS# _____

New Address:

City

State

ZIP

County

Signature: _____ Date: _____

IMPORTANT: You must visit www.peia.wv.gov to update your address information for insurance purposes.

Follow this path...

“Manage My Benefits”

“Log-in”

“Policyholder”

“Verify Address & Coverage”

If you need assistance call the Fiscal Office at 347-4862

For Fiscal Office Use Only:

Date Entered into HRM

Date Entered into OASIS

Place original in Employee Personnel File