

**LAFAYETTE COLLEGE  
RETIREE CHANGE OF ADDRESS FORM**

Many of you, when taking a vacation for several months, notify us of your change of address. Filing notification with us, after which we notify all appropriate parties including insurance companies, is only necessary when you have a permanent address change. It is sufficient if you simply have the Post Office forward your mail during this time period.

Please Print

NAME \_\_\_\_\_

NEW ADDRESS \_\_\_\_\_

\_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

EFFECTIVE DATE \_\_\_\_\_

**MEDICAL INSURANCE:**

Group # \_\_\_\_\_

Identification or Social Security # \_\_\_\_\_

Please indicate your current health insurance coverage:

- Capital Blue Cross PPO
- Keystone Senior Blue HMO
- Waive
- Dental

Signature \_\_\_\_\_

PLEASE RETURN TO OFFICE OF HUMAN RESOURCES, 12 MARKLE HALL  
LAFAYETTE COLLEGE, EASTON, PA 18042