



Ph: 800-437-FLEX or 757-340-4567  
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# 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](mailto: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

- |                                  |   |
|----------------------------------|---|
| <input type="checkbox"/> FLEX    | <input type="checkbox"/> HRA                    |
| <input type="checkbox"/> COBRA   | <input type="checkbox"/> Transportation         |
| <input type="checkbox"/> Retiree | <input type="checkbox"/> Leave of Absence       |
| <input type="checkbox"/> HSA     | <input type="checkbox"/> Other (please specify) |

## Old Address

  
Street  
Address 2  
City  
State  
Zip Code

## New Address

  
Street  
Address 2  
City  
State  
Zip Code