

WEST VIRGINIA LEGISLATURE
Joint Committee on Government & Finance



Change of Address Form

(Please Print)

Employee Name: _____

Telephone# _____ Last 4 digits of SS# _____

Effective Date: _____

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 FIMS _____

Date Entered into EPICS _____

Place original in Employee Personnel File