

# Address and Contact Change

Use this form to change or correct your address, email, and phone number.  
Changes may take up to 30 days after HMEPS' receipt.

**This form is for HMEPS retirees/survivors and former members only. Current COH employees must contact their department payroll division for address changes. Legal representatives must attach a Power of Attorney or court order.**

Name: _____ (Print or Type)	SSN (last 4 digits): _____
Daytime Phone: _____	Email: _____
<input type="checkbox"/> Check if this is a new phone number	<input type="checkbox"/> Check if this is a new email

**OLD ADDRESS:** \_\_\_\_\_

Street	Apt.
City	State
	ZIP

**NEW ADDRESS:**  
Physical address (Street address where you reside is required. A P.O. Box *cannot* be listed as a physical address). If the address is outside the United States, list the full address with country and postal code.

Street	Apt.
City	State
	ZIP

Note: Written communication will be sent to your physical address unless you also provide a mailing address, in which case HMEPS will use the mailing address but may send written communication to your physical address as determined by HMEPS. **You must provide a mailing address below if you wish to have written communication sent to your mailing address, even if you previously have submitted a mailing address.**

Mailing address (you also must provide a physical address above)

Street	Apt.
City	State
	ZIP

**Confirmation:** I confirm that the information provided is true, correct and complete to the best of my knowledge (you must sign this form in the presence of a notary public).

Signature \_\_\_\_\_ Date \_\_\_\_\_

State of Texas                                    §    (For different jurisdictions, the notary public should amend the state/county information)  
County of Harris                                §

ACKNOWLEDGEMENT: Before me on this day personally appeared \_\_\_\_\_, who proved to me to be the person who signed the foregoing form for the purposes therein expressed.

Given under my hand and seal of office this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

Notary Public's Signature: \_\_\_\_\_ (SEAL)

