State of West Virginia Public Employee Insurance Agency
Change In Address Form

CIA

Complete this form to Change the Address for you or your dependents.
Complete all sections of the form except "AGENCY"

Please Note: Changing your address with PEIA **does not update the information with Mountaineer Flexible Benefits.** You must also complete a Demographic Change form and send it to FBMC to update your information in their system.

Employee

Full Legal Name (Last) (First) (MI) (Generation: Jr., Sr., etc.)	Social Security Number
Old Mailing Address County of Residence	Home Telephone ( )
City State Zip	Work Telephone ( )
Physical Address	Sex (Circle one) M F
City State Zip	Date of Birth (mm/dd/yy)

New Address

New Mailing Address County of Residence
City State Zip
Physical Address
City State Zip

Dependent

Legal Name (Last, First, MI,Generation)	New Address (If different from above)

Signature

Agency Name

I hereby certify that to the best of my knowledge, the information contained herein is accurate and that providing false information on this form is illegal and those who provide false information may be prosecuted.

Policyholder's Signature: Date:

Mail to: PEIA 601 57th Street SE Charleston, WV 25304

August 2017

CABELL COUNTY SCHOOLS

DENTAL AND VISION BENEFITS

Change In Status Form

(Use Enrollment Form to add Dependents.)

Employee Name: _____ SS# XXX-XX-_____

ACTIVITY STATUS:

ACTIVE _____ RETIRED _____ LEAVE OF ABSENCE _____ COBRA _____

CHANGE TYPE:

Terminate Active Coverage _____ **Effective Date:** _____

Address Change _____

_____

_____

Name Change _____

_____

Remove Dependent(s) _____

_____

_____

_____

REASON FOR REMOVAL OF DEPENDENT(S) OR TERMINATION OF COVERAGE:

Death _____ **Effective Date:** _____

Divorce _____

Resignation _____ *Other* _____

Retirement _____

_____

RETIREMENT - CONTINUANCE OF COVERAGE: *No* _____ *Yes* _____

I understand I will pay a monthly premium directly to American Benefits Corporation, is I elect to continue Retiree D/V coverage.

Single _____ *Family* _____ **Effective Date:** _____

_____

Signature of Employee *Date*

_____

Cabell County Board of Education *Date*

Consolidated Public Retirement Board

4101 MacCorkle Avenue, SE
Charleston, WV 25304
304-558-3570 or 800-654-4406
www.wvretirement.com

Personal Information Change

Section 1: Member or Annuitant Information

Full Name	Last 4 digits of SSN	CPRB ID	Telephone Number

Your Employer or Agency Name (if applicable)	Email Address

Select all that apply to your Membership:

☐ Active Member (Currently employed by a participating employer)

☐ Retiree (Currently receiving monthly benefits from CPRB)

☐ Other _____

Section 2: Name Change Information

Complete only if your name has changed. If you are changing your name, you must provide legal documentation (marriage certificate, divorce decree or other legal documentation) of the name change.

Previous Last Name	Previous First Name	Previous Middle Initial

New Last Name	New First Name	New Middle Initial

Section 3: Address Change Information

Complete only if your address has changed.

Previous Mailing Address	City	State	Zip

New Mailing Address	City	State	Zip

Section 4: Email and Contact Change Information

Complete only if your email or phone has changed.

Previous Email Address	City	State	Zip

New Email Address	City	State	Zip

Previous Phone Number	New Phone Number

Section 5: Other Change Information

Complete only if your SSN or date of birth has changed.

Previous SSN	Previous Date of Birth

New/Corrected SSN	Corrected Date of Birth

Section 6: Authorization

I hereby authorize the Consolidated Public Retirement Board (CPRB) to make the changes to my personal information as indicated above.

Signature _____ Date _____