



Benefits Office  
Human Resources  
630.840.3395 (phone)  
630.840.5207 (fax)

## Retiree Address Change Form

<b>Step 1: Update Your Personal Data</b>		
Fermi ID (if known):		
Last Name:	First Name:	
Address:		
City:	State:	Zip Code:
Home Phone Number: (     )     -		
Email Address:		
Effective date of the address change:		

<b>Step 2: Review your current medical coverage</b>
<b><i>Blue Cross Blue Shield Blue Advantage HMO does not provide coverage out of the service area except for emergencies.</i></b>
Review your current retiree medical coverage. If you are enrolled in the Blue Advantage HMO and move outside of the service area, you may change to the BCBS-IL PPO <b>within 31 days of your move</b> . Complete the Retiree Medical Change form to change plans.

\_\_\_\_\_  
Retiree Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Fermi ID#

<b>Step 3: Send the completed form to the Fermilab Benefits Office</b>
The form can be submitted any of the following methods: <ol style="list-style-type: none"><li>1. Electronic: email to <a href="mailto:benefitsoffice@fnal.gov">benefitsoffice@fnal.gov</a></li><li>2. Fax: 630.840.5207</li><li>3. Mail to: Fermilab HR - Benefits Office PO Box 500 MS-126 Batavia, IL 60510</li></ol>