



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

Retiree Address Change Form

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

Step 2: Review your current medical coverage
<p><i>Blue Cross Blue Shield Blue Advantage HMO does not provide coverage out of the service area except for emergencies.</i></p> <p>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 <i>within 31 days of your move</i>. Complete the Retiree Medical Change form to change plans.</p>

Retiree Name

Signature

Date

FermiWorks

Step 3: Send the completed form to the Fermilab Benefits Office
<p>The form can be submitted by any of the following methods:</p> <ol style="list-style-type: none">1. Electronic: email to benefitsoffice@fnal.gov2. Fax: 630.840.52073. Mail to: Fermilab HR - Benefits Office PO Box 500 MS-126 Batavia, IL 60510