



Address and Contact Change

1201 LOUISIANA, SUITE 900
HOUSTON, TEXAS 77002

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)

