

Instructions: You may complete the necessary information by typing it in on this screen and then print the form or you can print the blank form and complete it by hand.

*Note: Changes **require your signature**, so the form must be signed and submitted by mail, fax, or scanned, and emailed.*



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Personal Change Form

Employee Name _____

This change is to be effective (mm/dd/yyyy) _____ SSN _____

Change of Address

Mailing Address

Street Address

Old

New

Street Address _____

Street Address _____

P.O. Box _____ City _____

P.O. Box _____ City _____

State _____ Zip Code _____

State _____ Zip Code _____

Change of Name

Old

New

First Name _____

First Name _____

Middle _____

Middle _____

Last _____

Last _____

Change of Beneficiary

Old

New

Full Name _____

Full Name _____

Relationship _____

Relationship _____

Signature of Employee _____

Date _____

Signature of Employer _____

Date _____