



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
 Department of Administration  
 Division of Human Resources

## Notification of Change of Address

Name of Employee: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Department & Division/Section: \_\_\_\_\_

**Old Address:** \_\_\_\_\_  
 Number Street City State Zip

**New Mailing Address:** \_\_\_\_\_  
 Number Street City State Zip

**\*\*\*If new mailing address is a post office box, please indicate residence address below:**

**Residence Address:** \_\_\_\_\_  
 Number Street City State Zip

\_\_\_\_\_  
 Signature of Employee

\_\_\_\_\_  
 Date

**Note that a few of the State's health and benefit vendors require that you update your address directly – this Change of Address form will not update your address with these vendors and you must update your address on your own:**

Navia Benefit Solutions (FSA): <https://www.naviabenefits.com/>; or 800-669-3539

Aetna Life Insurance: [www.aetna.com](http://www.aetna.com); or 800-523-5065

Aflac (Short Term Disability): 401-475-9936, ext. 130

Colonial Life (Short Term Disability): <http://www.visityouville.com/en/StateOfRI>; or 866-349-8011

College Bound Saver (529 Plan): <https://www.collegeboundsaver.com/>; or 877-517-4829

*This Change of Address Form must be submitted to your local human resources representative for processing. For an up-to-date listing of human resources representatives for each assigned Executive Branch agency, please click [here](#). For all other non-Executive Branch organizations, please submit this form to your local administrative representative.*