

**OKLAHOMA STATE AND EDUCATION EMPLOYEES
GROUP INSURANCE BOARD
P.O. Box 58010
Oklahoma City, OK 73157-8010**

CHANGE OF ADDRESS

Employee Name _____
Employee ID Number _____
Employee Daytime Phone Number _____
Insurance Coordinator Signature _____
School Location _____
New Address _____ _____
Old Address _____ _____
Employee's Signature _____
Date _____

**For Insurance Coordinator's signature, return to:
OSU Human Resources/Employee Services, 106 Whitehurst, Stillwater, OK 74078**