

NCPERS Group Life Insurance  
**CHANGE OF ADDRESS REQUEST**

To change your address complete all field then click on “Submit” to send your updated information or return:

**NCPERS Group Life Administrator  
Member Benefits  
7645 Gate Parkway, Suite 101  
Jacksonville, FL 32256  
1-800-525-8056 or  
e-mail to [NCPERS@memberbenefits.com](mailto:NCPERS@memberbenefits.com)**

Date: \_\_\_\_\_

Requested by: \_\_\_\_\_ Phone #: \_\_\_\_\_

Member Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

New Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Effective Date for New Address: \_\_\_\_\_