



CHANGE OF ADDRESS NOTIFICATION

Your Employer Name: _____

Employee Name: _____
(Please print or type)

Social Security Number: _____ - _____ - _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Daytime Phone Number: (_____) _____ - _____

E-mail: _____

Employee Signature: _____ **Date:** _____

Instructions:

Mail, fax or email this form to:

Benergy OS
353 S. Potomac Street
Waynesboro, PA 17268
FSA@benergyos.com
(fax): 516-414-5122

If you have any questions, contact Benergy OS by e-mail at FSA@benergyos.com or by phone at 800-768-4909.