



## Background Actors - Address Change Form

Please complete all applicable fields.

Employee Full Name: \_\_\_\_\_

Last 4 Digits of SSN: XXX - XX - \_\_\_\_\_

Effective Date (MM/DD/YYYY): \_\_\_\_\_

### OLD Address

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone #: \_\_\_\_\_

### NEW Address

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

I understand the address change I submit using this form is a permanent address change and all future correspondence will be sent to this address.

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

\_\_\_\_\_  
Date

Please return the completed and signed form to EP Payment Support by email at [CPInquiries@ep.com](mailto:CPInquiries@ep.com).