



OKLAHOMA STATE AND EDUCATION EMPLOYEES
GROUP INSURANCE BOARD
3545 NW 58th, Suite 110
Oklahoma City, Oklahoma 73112
(405) 717-8701
(800) 752-9475

CHANGE OF ADDRESS

Member Name	_____
SSN or Member ID #	_____
Member Phone Number	_____
New Address	_____ _____
Member's Signature	_____
Date	_____

Current Employees – Return this form to your Insurance Coordinator.

Former Employees – Return this form directly to the Insurance Board.