



# CITY OF FAIRFIELD

## QLE – Address Change

### EMPLOYEE INFORMATION

Name: \_\_\_\_\_ Emp ID#: \_\_\_\_\_  
 Date: \_\_\_\_\_ Phone: \_\_\_\_\_

### Old Address

Physical Address	City	State	Zip Code
Mailing Address (If different than physical address)	City	State	Zip Code

### New Address

Physical Address	City	State	Zip Code
Mailing Address (If different than physical address)	City	State	Zip Code

Effective Date of Address Change: \_\_\_\_\_

#### Benefit Coverage Reminder – Medical Plan Service Areas

If you are currently enrolled in City of Fairfield medical benefits, Human Resources will verify whether your new address falls within the service area of your current medical provider.

If your new residence is outside the plan’s service area, HR will contact you to discuss available options and any necessary changes to your benefit elections. No action is required at this time unless you are notified by HR.

If you have any questions, please email [benefits@fairfield.ca.gov](mailto:benefits@fairfield.ca.gov).