

WageWorks, formerly Creative Benefits Change of Address Notification

Participant Information

Participant Name (Last, First, Middle Initial):		Social Security No.
New Address:		City, State, Zip
New Phone Number: ()	Email address:	
Employer Name:		
Effective Date of Address Change:		

Signature: _____ Date: _____

- **Your signature is required to process your address change.**
- **Please return this form to:**

WageWorks, formerly Creative Benefits
P.O. Box 1928
Vista, CA 92085-1928
FAX : 877-411-4449

****NOTE** – If your employer uses electronic uploads with WageWorks, formerly Creative Benefits, your new address information may be modified based on the information they provide to us. Please make sure you update your employer with your new address.