



**OKLAHOMA**  
Employees Group  
Insurance Division



Employees Group Insurance Division  
**CHANGE OF ADDRESS**

Member name		SSN or Member ID
Phone	Alt phone	Email
New address		
Member signature		Date

**Current employees:** Return this form to your insurance coordinator.

**Former employees:** Mail or fax this form to EGID, Attn: Member Accounts:

EGID  
P.O. Box 11137  
OKLAHOMA CITY, OK 73136-9998  
  
Fax: 405-717-8939