

ADDRESS CHANGE FORM

PRIVACY ACT STATEMENT

Personal information is solicited on this form. As required by the Privacy Act of 1974, we advise:

1. **AUTHORITY:** 37 U.S.C. 101 et seq, 5 U.S.C., Chapter 55; 10 U.S.C., Chapters 67, 71, and 871; Title 39, U.S.C. 406 and Title 10, U.S.C. 8013; E.O. 9397, Nov 1943.
2. **PRINCIPAL PURPOSES:** To permit address changes for the NAF records and maintain a record of current address for pay related matters.
3. **ROUTINE USES:** Information may be disclosed to the General Accounting Office to provide financial information; Federal, State, and local courts for tax and welfare purposes; U.S. Treasury to provide information on bonds purchased; and to the Department of Justice in some cases for criminal prosecution, civil litigation, or investigative purposes.
4. **DISCLOSURE:** Voluntary; however, failure to provide the requested information as well as the SSN may result in a delay in receipt of Funds, Leave and Earnings Statement, Net Pay, and miscellaneous pay-related documents.

Complete the following information to change your mailing address for personnel and pay related items.

Copy of change will be forwarded to NAF Payroll office.

NAME

SSAN

NEW MAILING ADDRESS (PLEASE PRINT)

NUMBER, STREET, P.O. BOX _____

CITY, STATE, ZIP CODE _____

HOME PHONE _____

INSURANCE COVERAGE:

None Health – Aetna US Healthcare Life Insurance 401K Savings

SIGNATURE OF EMPLOYEE

DATE

NAF ADDRESS CHANGE FORM