

# 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