



Address and telephone change form
for employees and retirees

Name: _____
(Please print)

Personnel/Retiree (P#): _____ **SSN:** XXX - XX - _____ (last 4 digits)

Permanent Residence *(required)*

The items below are based on the address listed as permanent residence:

- medical and benefits-related information (401k, pension, open enrollment, etc.)
- tax withholdings from wages/pensions

Address: _____

City: _____ **State:** _____ **Zip:** _____

Mailing Address *(optional)*

The items below are based on the address listed as mailing address:

- paychecks/pay stubs
- temporary address with a start and stop date

Address: _____

City: _____ **State:** _____ **Zip:** _____

Telephone

Home Phone: _____ **Cell Phone:** _____

Signature: _____ **Date:** _____

Mail completed form to:

PacifiCorp
Attn: HR Service Center
825 NE Multnomah, Suite 1800
Portland, OR 97232