

ATTACHMENT 26



Department of Civil Service

Sample Address Change Report – IFB entitled: “Employee Benefit Card”

PLAN NAME: \_\_\_\_\_

RUN DATE: MM/DD/YYYY

DATE: MM/DD/YYYY

RUN TIME: HH:MM:SS

TIME: HH:MM:SS

RUN NUMBER: <Sequential Numbering to Identify Cycle – Starting with 1

PAGE: \_\_\_\_\_

ID	Name	Original Address	Revised Address
890123456	LAST NAME, FIRST NAME	ADDRESS LINE 1 ADDRESS LINE 2 CITY STATE ZIP CODE	ADDRESS LINE 1 APT 123 CITY STATE ZIP CODE
890123456	LAST NAME, FIRST NAME	ADDRESS LINE 1 ADDRESS LINE 2 CITY STATE ZIP CODE	ADDRESS LINE 1 APT 123 CITY STATE ZIP CODE
890123456	LAST NAME, FIRST NAME	ADDRESS LINE 1 ADDRESS LINE 2 CITY STATE ZIP CODE	ADDRESS LINE 1 APT 123 CITY STATE ZIP CODE
890123456	LAST NAME, FIRST NAME	ADDRESS LINE 1 ADDRESS LINE 2 CITY STATE ZIP CODE	ADDRESS LINE 1 APT 123 CITY STATE ZIP CODE
890123456	LAST NAME, FIRST NAME	ADDRESS LINE 1 ADDRESS LINE 2 CITY STATE ZIP CODE	ADDRESS LINE 1 APT 123 CITY STATE ZIP CODE
890123456	LAST NAME, FIRST NAME	ADDRESS LINE 1 ADDRESS LINE 2 CITY STATE ZIP CODE	ADDRESS LINE 1 APT 123 CITY STATE ZIP CODE
890123456	LAST NAME, FIRST NAME	ADDRESS LINE 1 ADDRESS LINE 2 CITY STATE ZIP CODE	ADDRESS LINE 1 APT 123 CITY STATE ZIP CODE
890123456	LAST NAME, FIRST NAME	ADDRESS LINE 1 ADDRESS LINE 2 CITY STATE ZIP CODE	ADDRESS LINE 1 APT 123 CITY STATE ZIP CODE