

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Public Health Service Commissioned Corps

**REQUEST TO ESTABLISH / CHANGE MAILING ADDRESS**

NAME: \_\_\_\_\_  
*(Please print or type)*

SOCIAL SECURITY NUMBER: \_\_\_\_\_

MY STATUS IS: *(Please check applicable box)*

ACTIVE

RETIRED

ANNUITANT

MY WORK PHONE NUMBER IS: (\_\_\_\_\_) \_\_\_\_\_

I am requesting that you establish/change my mailing address to read as follows:

LIMIT - 30 CHARACTERS PER LINE

Street Address Line 1: \_\_\_\_\_

Street Address Line 2: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

ZIP Code: \_\_\_\_\_

NOTE: Your salary *must* be directly deposited to a financial institution of your choice. A change of address/transfer will not affect your current direct deposit. If you wish to designate a new financial institution for your monthly salary, you must complete a new SF-1199A, "Direct Deposit Sign-Up Form."

SIGNATURE <i>(Must be signed, not printed or stamped)</i>	DATE
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Return this form to:

Office of Commissioned Corps Support Services  
ATTN: Compensation Branch  
5600 Fishers Lane, Room 4-50  
Rockville, MD 20857-0001

**REQUEST TO ESTABLISH/CHANGE MAILING ADDRESS  
(PHS-6363)**

**PRIVACY ACT STATEMENT**

This statement is provided pursuant to the Privacy Act of 1974 (5 U.S.C. 552a). Our authority to collect this information is 37 U.S.C. 403; 42 U.S.C. 202 et seq.; and Executive Order 9397, "Numbering System for Federal Accounts Relating to Individual Persons."

The information provided on this form will become part of record systems 09-40-0001, "PHS Commissioned Corps General Personnel Records," HHS/PSC/HRS, and 09-40-0010, "Pay, Leave and Attendance Records," HHS/PSC/HRS.

This information is used to establish or change a mailing address for active-duty officers, retired officers, or annuitants. This information will be used only as necessary in personnel and pay administration processes carried out in accordance with established regulations and published notices of systems of records. Copies of these systems of records may be obtained by contacting the office to which you submit this form.

Information Regarding Disclosure of Your Social Security Number (SSN): Disclosure of the SSN is mandatory under provisions of the Social Security Act, since Public Health Service Commissioned Corps officers are under Social Security "covered employment" and taxes must be withheld from their salaries. The SSN is also used as an identifier throughout an officer's career. It is used primarily to identify an officer's personnel, leave, and pay records and to relate one to the other. The SSN is also used in connection with lawful requests for information from former employers, educational institutions, and financial or other organizations. The information gathered through the use of the number will be used only as necessary in personnel administration processes carried out in accordance with established regulations and published notices of the systems of records. The use of the SSN is made necessary because of the large number of present and former active, inactive, and retired officers and applicants who have identical names and birth dates, and whose identities can only be distinguished by the SSN.