



Address Change Request Form

Please complete and SIGN below. This form CANNOT be processed without your signature. If the new address is other than your home address, such as a business manager or accountant, include an Authorization to Release Information Form. This form may be found on our website at: https://wgaplans.org/health/forms/Authorization_Release.pdf.

NAME: _____ ID: WRXA _____

SIGNATURE: _____

Please check one of the following:

This update is for: Pension ONLY _____ Health ONLY _____ Pension AND Health _____

Primary Address- (All mail will be delivered to this address).

Address: _____	Phone #: _____
C/O: _____	Cell#: _____
City, State, Zip: _____	Work#: _____
Email: _____	

Secondary Address- (if applicable)

Address: _____	Phone #: _____
C/O: _____	Cell#: _____
City, State, Zip: _____	Work#: _____
Email: _____	