



## 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](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: _____	