

Change of Address Request Form

Please complete the following information and submit.

Name: _____ Date Effective: _____

ID #: _____ Group #: _____

Due to HIPAA regulations, we must receive a signature for each dependent over age 18, including your spouse, in order to change their address. If this change will also apply to any dependent over 18, please print this form and have each dependent over 18 sign it. You can either fax it to 406-523-3187 or mail it to PO BOX 3018, Missoula MT 59806.

This change is for (circle one):

Entire Family

Participant Only

Over Age 18 Dependent Only

Old Address

Street: _____

City: _____

State: _____

Zip: _____

New Address

Street: _____

City: _____

State: _____

Zip: _____

Employee's Signature: _____

Spouse's Name: _____ Signature: _____

Dependent 1: _____ Signature: _____

Dependent 2: _____ Signature: _____

Dependent 3: _____ Signature: _____

Dependent 4: _____ Signature: _____