



# Change of Address Form

Employer name

Effective date of change

**Employee** Please print legibly in blue or black ink.

SSN	Name (last, first, initial)	Gender	Date of birth
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New home / mailing address

City	State	Zip
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Home phone (w/ area code)	Work phone	Email address
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**Your Signature is Required** Address cannot be updated without your signature.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Note:** For any other changes to your benefits, please complete the AWC Combination Insurance Enrollment Form.

**City:** Please send completed form to : AWC Employee Benefit Trust  
1076 Franklin Street  
Olympia, WA 98501



PO Box 21267  
Seattle, WA 98111



PO Box 91130  
Seattle, WA 98111



PO Box 34750  
Seattle, WA 98124



Washington Dental Service is a member of the  
Delta Dental Plans Association  
Northgate Delta Building  
PO Box 75983  
Seattle, WA 98175



PO Box 997105  
Sacramento, CA 95899-7105



NBC Tower  
455 N. Cityfront Plaza Drive  
Chicago, IL 60611-5322



900 SW Fifth Ave.  
Portland, OR 97204



6950 NE Campus Way  
Hillsboro, OR 97124