



# Change of personal information form

Employee

Spouse/Dependent

If spouse/dependent change:

Employer name

Employee name:

SSN:

**Please print legibly.**

SSN

Name (last, first, initial)

Date of birth

Gender

New home / mailing address

Phone (with area code)

City

State Zip

Email address

Occupation

Annual salary

Class/bargaining unit

## Your signature is required Address cannot be updated without your signature.

By signing below, I represent the following:

- All information that I have provided on this form is accurate and complete.
- I understand that it is a crime to knowingly provide false, incomplete, or misleading information for purposes of defrauding the Trust, a health plan, or an insurance company, with penalties including denial of coverage, fines, and/or imprisonment.
- I authorize the release of information about me and my family members to the insurance companies listed on this form for purposes of enrolling and receiving benefits under my selected coverage(s).

If I am enrolling in health plan coverage, I acknowledge and understand that the health plan may use or disclose personal health information about me or my enrolled family members to the extent permitted by law, including to facilitate our health care treatments and payments and to otherwise support health plan operations and administration. I understand that I can learn more about how the health plan may use or disclose personal health information by reviewing the Notice of Privacy Practices issued by the health plan. I understand that I can request to receive a copy of this Notice at any time.

Signature

Date

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

**Employer:** Employer to send completed form to AWC at [benefitinfo@awcnet.org](mailto:benefitinfo@awcnet.org) or fax to 360.753.0149 or mail to 1076 Franklin Street SE, Olympia, WA 98501-1346

 **Regence**

**Regence BlueShield**  
1111 Lake Washington  
Blvd N., Suite 900  
Renton, WA 98057

 **ASURIS**  
NORTHWEST HEALTH

**Asuris Northwest Health**  
528 E Spokane Falls Blvd,  
Suite 301  
Spokane, WA 99202

 **KAISER**  
PERMANENTE

**Kaiser Foundation Health Plan of Washington/Kaiser Foundation Health Plan of Washington Options Inc.**  
2715 Naches Ave. SW  
Renton, WA 98057

 **DELTA DENTAL**

Delta Dental of Washington  
**Delta Dental of Washington**  
400 Fairview Ave N  
Seattle, WA 98109-5371

 **vision care**

**Vision Service Plan**  
3333 Quality Drive  
Rancho Cordova, CA 95670

 **COMPYSCH**  
GuidanceResources® Worldwide

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

 **TheStandard**®

**Standard Insurance Company**  
1100 SW 6th Ave.  
Portland, OR 97204

 **Willamette**  
Dental Group

**Willamette Dental of Washington, Inc.**  
6950 NE Campus Way  
Hillsboro, OR 97124