



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 or fax to 360.753.0149 or mail to 1076 Franklin Street SE, Olympia, WA 98501-1346



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



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



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



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



Vision Service Plan
3333 Quality Drive
Rancho Cordova, CA 95670



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



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



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