



ST. PAUL ELECTRICAL WORKERS HEALTH PLAN

1330 Conway Street • Suite 130
St. Paul, Minnesota 55106
(952) 851-5949



CHANGE OF ADDRESS FORM

Effective Date of Change: _____ SSN: _____

Name: (Please Print): _____

New Street Address: _____

New City, State, Zip: _____

Home Phone: _____ Cell: _____

Email Address: _____

Please Circle One: Single Married Separated Divorced Widowed

Please Check One Below:

_____ Address Change is for **MEMBER ONLY**

_____ Address Change is for **MEMBER AND MEMBER'S FAMILY**

_____ Address Change is for **MEMBER'S DEPENDENT**

Signature

Today's Date

You may also email this to spewbenefits@wilson-mcshane.com or fax 651-776--9973