

Change of Address Form

Member Name	Dependent Name (for dependent changes only)
Member Union	
Member Birth Date [mm/dd/yyyy]	Member Last Four Digits of Social Security Number
Member Phone Number	
Member Email Address	

Mailing Address			Authorization
Address Line 1 [street]			Signature _____ Date _____
Address Line 2 [unit, apartment or lot number]			
City	State	Zip Code	Representative/Power of Attorney (if applicable)

Mail completed form to:

Wilson-McShane Corporation
Support Services Department
3001 Metro Drive – Suite 500
Bloomington, MN 55425

via e-mail: supportservices@wilson-mcshane.com

FOR ADMINISTRATIVE USE ONLY
Date Received: _____
Date Completed: _____
Notes: _____

