



Change of personal information form

Employee Spouse/Dependent If spouse/dependent change: _____
 Employee name: _____
 SSN: _____
 Employer name: _____

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
1800 Ninth Ave
Seattle, WA 98101

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.
601 Union St., Suite 3100
Seattle, WA 98101

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

vsp vision care
Vision Service Plan
3333 Quality Drive
Rancho Cordova, CA 95670

COMPSYCH
— The GuidanceResources Company —
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