

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:	_____

