



P.O. Box 40187, Portland, Oregon 97240-0187
(503) 224-7377 or 1-800-768-7377

**DUAL RESIDENCE ADDRESS / CHANGE FORM
FOR ODS MEMBERS**

Member's Name: _____

Member's Social Security Number: _____

WINTER ADDRESS:

(Residence address)

(Mailing address)

(City, State, Zip)

(City, State, Zip)

(County)

(Phone number)

SUMMER ADDRESS:

(Residence address)

(Mailing address)

(City, State, Zip)

(City, State, Zip)

(County)

(Phone number)

NOTE: This form allows the PERS Health Insurance Program to note two addresses used by the member and allows the member to change system mailing address via phone call to PERS Health Insurance at (503) 224-7377 for calls from the Portland area, or (800) 768-7377.

Members Signature: _____ Date: _____