

Address Change Form



Effective Date of Address Change (must be in the future):

PERS Retiree Name	Spouse name
PERS Retiree Social Security No.	Spouse Social Security No.

Current Health Plan

PacificSource
 Kaiser Permanente
 Moda
 Providence

Old Address

Residence address	City	State	ZIP	County
Mailing address (if different)	City	State	ZIP	Phone No.

New Address

Residence address	City	State	ZIP	County
Mailing address (if different)	City	State	ZIP	Phone No.

Are you permanently moving outside of your current health plan's service area? Yes No

Your primary residence (not mailing address) must be within the United States and the health plan's service area. Failure to notify PHIP within 30 days of moving outside your plan's service area can result in an involuntary termination of coverage. For additional information on plan service areas and/or to request an Enrollment Request Form to change to the PHIP plan available in your new service area, please contact PHIP at (800) 768-7377 or pershealth.com.

Retiree signature X	Date
Spouse/DDP signature X	Date
Power of Attorney signature* X	Date

*If you are signing as Power of Attorney on behalf of the member, please enclose a copy of the Power of Attorney document.