

PHIP Address Change Form

Please note: This address change form is for your PHIP account and plans. You will need to submit a separate address change form to the PERS office for your pension account.



Effective Date of Address Change (must be present or future date)

PERS Retiree Name

Spouse name

PERS Retiree SSN and/or PERS ID#

Spouse Social Security No.

Current Health Plan

☐ Kaiser Permanente ☐ Moda ☐ UnitedHealthcare®

Old Address

Permanent address (Cannot be a P.O. Box)

City

State

ZIP

County

Mailing address (if different)

City

State

ZIP

Phone No.

New Address

Permanent address (Cannot be a P.O. Box)

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 permanent 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. **PHIP will notify your health plan of your new address.**

Retiree signature

X

Today's Date

Spouse/DDP signature

X

Today's Date

Power of Attorney signature*

X

Today's Date

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

Complete and send form to:

PERS Health Insurance Program, P.O. Box 231299, Tigard, OR 97281-1299
Phone: 503-224-7377 or 800-768-7377 | Fax: 503-765-3452 or 888-393-2943