

# 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](mailto:supportservices@wilson-mcshane.com)

| FOR ADMINISTRATIVE USE ONLY |
|-----------------------------|
| Date Received: _____        |
| Date Completed: _____       |
| Notes: _____                |
| _____                       |
| _____                       |