

Address Change Form

52326836 (3/19)



PLEASE PRINT CLEARLY

*** This information is mandatory.** Enrollment may be delayed if fields with an asterisk are not filled out.

Section 1 Account holder information

* First name	M.I.	* Last name	* SSN or BHS identification number
* Email address			* Phone number
* Company name			

Section 2 Old address

* Old street address	* City	* State	* ZIP
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Section 3 New address

* New street address	* City	* State	* ZIP
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Return the completed form to BenefitHelp Solutions

Mail: BenefitHelp Solutions, P.O. Box 40548, Portland, OR 97240-0548 **Fax:** 503-765-3463 **Email:** bhsoebbcobrabe@benefithelpsolutions.com

Questions? Contact BenefitHelp Solutions at 800-556-3137, Monday - Friday 7:30 a.m. to 5:30 p.m. PST.