

# Address Change Form

48361055 (1/19)



**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 67230, Portland, OR 97268 **Fax:** 503-243-3949 **Email:** bhscobra@benefithelp-solutions.com

**Questions?** Contact BenefitHelp Solutions at 888-387-5440, Monday - Friday 7:30 a.m. to 5:30 p.m. PST.