



CHANGE OF ADDRESS FORM

CHANGING YOUR DGA-PPHP MAILING ADDRESS

In Section 1, list all of your applicable mailing addresses. In Section 2, check off where you would like each type of correspondence mailed (only one address per type of correspondence). Please return this form, via mail or fax, to the address or fax number at the bottom of this form.

PARTICIPANT NAME _____

SS# OR DATE OF BIRTH _____

SECTION 1

HOME ADDRESS

NAME: _____
 ADD 1: _____
 ADD 2: _____
 CITY, ST, ZIP: _____
 PHONE: _____

BUSINESS MANAGER ADDRESS

NAME: _____
 ADD 1: _____
 ADD 2: _____
 CITY, ST, ZIP: _____
 PHONE: _____

OTHER ADDRESS

NAME: _____
 ADD 1: _____
 ADD 2: _____
 CITY, ST, ZIP: _____
 PHONE: _____

PERSONAL BUSINESS ADDRESS

NAME: _____
 ADD 1: _____
 ADD 2: _____
 CITY, ST, ZIP: _____
 PHONE: _____

SECTION 2

PLEASE INDICATE TO WHICH OF THE ABOVE ADDRESSES YOU WOULD LIKE THE FOLLOWING TYPES OF CORRESPONDENCE MAILED

ALL MAIL (IF CHECKED, YOU MAY DISREGARD THE REST OF THIS SECTION)

HOME OTHER BUS. MANAGER PERS. BUSINESS

ANNUAL AND QUARTERLY STATEMENTS HOME BUS. MANAGER OTHER PERS. BUSINESS

FORM 1099s HOME BUS. MANAGER OTHER PERS. BUSINESS

PENSION CORRESPONDENCE HOME BUS. MANAGER OTHER PERS. BUSINESS

HEALTH PLAN ID CARDS HOME BUS. MANAGER OTHER PERS. BUSINESS

HEALTH PLAN SELF-PAY INVOICES HOME BUS. MANAGER OTHER PERS. BUSINESS

HEALTH PLAN ELIGIBILITY LETTERS HOME BUS. MANAGER OTHER PERS. BUSINESS

HEALTH CLAIMS HOME BUS. MANAGER OTHER PERS. BUSINESS

BENEFITS HOME BUS. MANAGER OTHER PERS. BUSINESS

X

PARTICIPANT'S SIGNATURE (REQUIRED) _____

DATE _____