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.

PERS HEALTH INSURANCE PROGRAM
Public Employees Retirement System

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 Health PacificSource Providence 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 40187, Portland, OR 97240-0187
Phone: (503) 224-7377 or (800) 768-7377 | Fax: (503) 765-3452 or (888) 393-2943