

# Request for Mailing Address, Phone Number or Email Change

Use this form to make a change to a mailing address, phone number, or email address for your WEA Trust insurance coverage. Change requests can **ONLY** be made by the covered member or their authorized designee.

## Old Address, Phone, or Email Information

Member Number:

Member Full Name:

Street Address:

City:

State:

Zip :

Phone Number:

Email Address:

## New Address, Phone, or Email Information

Street Address:

City:

State:

Zip:

Phone Number:

Email Address:

Effective Date of Change:

## Authorization

I hereby request an address change as indicated above.

*Member's Signature*

*Today's Date (MM/DD/YYYY)*

### For Personal Representatives\*:

Signature of Personal Representative

Date

Printed Name of Personal Representative

Relationship to Participant

**\*If you have not already, you must send proof of personal representative status with this form.**

# Submitting Forms and Correspondence to WEA Trust

To make filling out forms easier, some of our forms are fillable PDFs which allow you to complete and then save the form on your computer or device. Depending on the browser you are using you may or may not be able to use this feature.

Fillable PDFs require Adobe Acrobat or Acrobat Reader/Acrobat DC to fill them out online or on your computer. Many browsers use a different PDF viewer by default that doesn't support fillable form fields.

If you are unable to complete the forms on your computer or device, you may be able to download and save them to your computer and then fill them out. If you are unable to complete the forms on your computer or device or are unable to download the forms, please feel free to call us at **800.279.4000** and we will be happy to mail you paper copies.

**Don't forget to save your work to your computer or device often.**

You can submit forms and correspondence to us in whatever way works best for you ...

## Postal Service

Address your envelope to:

**WEA Trust**

**PO Box 259537**

**Madison, WI 53725-9537**

## Fax

Include your name and Subscriber Number on the cover page of your fax and send to:

**608.276.9119**

## Secure File Upload

Send scanned or electronically completed forms to us via our [www.weatrust.org](http://www.weatrust.org) website at:

**<https://weatrust.org/secure-file-upload-1>**

## Email

Attach your scanned or electronically completed forms to an email and send to us at:

**[customerservice@weatrust.org](mailto:customerservice@weatrust.org)**

Refer to your Benefit Summary and Plan Document for specific benefit information. If you have any questions, we encourage you to call us at **800.279.4000**.