



DEMOGRAPHIC CHANGE FORM

Submit this form to your employer to make changes in your and/or your dependents' contact information or name. The information on this form will replace any prior information that you have submitted for your WCIF benefits.

THIS FORM IS TO REGISTER A CHANGE FOR (check one):

- Employee Address Change
 Dependent Address Change
 Change of Contact Information
 Name Change

EMPLOYER SECTION			
Employer Name:		Vimly, Inc. Account #:	Class Code (if applicable):
Approved By (administrator name):	Date Approved:	Special Note(s) / Direction(s):	

EMPLOYEE INFORMATION			
NEW / CURRENT INFORMATION			
Name (First, Middle, Last):			Social Security Number:
Mailing Address:	City:	State:	Zip:
Primary Phone:	Cell Phone:	Email Address (mandatory):	

PREVIOUS INFORMATION (if making a change)			
Name (First, Middle, Last):			Social Security Number:
Mailing Address:	City:	State:	Zip:
Primary Phone:	Cell Phone:	Email Address:	

DEPENDENT INFORMATION			
NEW / CURRENT INFORMATION			
Name (First, Middle, Last):			Social Security Number:
Mailing Address:	City:	State:	Zip:

PREVIOUS INFORMATION (if making a change)			
Name (First, Middle, Last):			Social Security Number:
Mailing Address:	City:	State:	Zip:

SIGNATURE

This form replaces all previous forms and submissions I have made for WCIF benefits.

By signing this form, I declare that the information I have provided is true, complete, and correct. I understand that it is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

Employee's Signature: _____ Date: _____

Premera Blue Cross

7001 220th St SW

Mountlake Terrace, WA 98043

To obtain plan number unique to your employer contact
WCIF at (800) 344-8570.

Premera Blue Cross is an independent licensee
of the Blue Cross Blue Shield Association.

Kaiser Foundation Health Plan of WA Options, Inc.

601 Union Street, Suite 3100

Seattle, WA 98101

To obtain plan number unique to your employer contact
WCIF at (800) 344-8570.

Kaiser Foundation Health Plan of WA

601 Union Street, Suite 3100

Seattle, WA 98101

To obtain plan number unique to your employer contact
WCIF at (800) 344-8570.

Delta Dental of Washington

400 Fairview Avenue N, Suite 800

Seattle, WA 98109

00497 00498 00500

00501 00502 00478

Willamette Dental of Washington, Inc.

6950 NE Campus Way

Hillsboro, OR 97124

WA204

VSP Vision Care, Inc.

3333 Quality Drive

Rancho Cordova, CA 95670 30029829

Standard Insurance Company

1100 SW 6th Ave

Portland, OR 97204

645273

First Choice Health EAP

600 University Street, Suite 1400

Seattle, WA 98101