



DEMOGRAPHIC CHANGE FORM

WASHINGTON COUNTIES INSURANCE FUND
WASHINGTON COUNTIES INSURANCE POOL

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: Whitman County	BSI Account #:	Class Code (if applicable):
Approved by (administrator name): Susan Nelson	Date Approved:	Special Note(s) / Direction(s):

EMPLOYEE INFORMATION			
NEW / CURRENT INFORMATION			
Name (First, Middle, Last):			Social Security Number:
Address:	City:	State:	Zip:
Home Phone:	Work Phone:	Cell Phone:	Email Address:
PREVIOUS INFORMATION (if making a change)			
Name (First, Middle, Last):			Social Security Number:
Address:	City:	State:	Zip:
Home Phone:	Work Phone:	Cell Phone:	Email Address:

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

SIGNATURE	
This form replaces all previous forms and submissions I have made for WCIF benefits.	
Employee's Signature: _____	Date: _____