



CHANGE OF ADDRESS REQUEST FORM

Please complete the following information and submit to MCA TRUSTS either by fax 406-255-7123 or mail to PO Box 30177 Billings, MT 59107.

NAME: _____ **EFFECTIVE DATE OF CHANGE:** _____

GROUP # 2000200 **EMPLOYEE ID #** (from ID card) _____

This change is for (please circle one)

EMPLOYEE ONLY
(Employee signature required)

ENTIRE FAMILY
(All over age 18 Signature required)

DEPENDENT AGE 18 & OVER ONLY
(Only Dependent signature required)

Each Dependent age 18 and over, including your spouse, **must** sign this form before we can change their address. If you have a Dependent age 18 and over who lives at another address (or you are only requesting to change that Dependent’s address), please have the Dependent age 18 and over complete and sign this form.

▶ Old Address:
Street _____

City _____ State _____ Zip Code _____

▶ New Address:
Street _____

City _____ State _____ Zip Code _____

▶ Telephone Number (with area code): _____

▶ Employee’s Signature: _____

▶ Spouse’s Name: _____ Signature: _____

▶ Dependent’s Name: _____ Signature: _____

▶ Dependent’s Name: _____ Signature: _____

▶ Dependent’s Name: _____ Signature: _____