PEIA Change In Address Form

Revised Nov. 1, 2011
CA-201101

Please mail the completed form to: **PEIA, 601 57th St. SE, Suite 2, Charleston, WV 25304-2345**

First Name: Middle Name:

Last Name: Generation (Jr., Sr., III, etc) Leave blank if none.

New Address:

City: State: Zip Code: -

County: Country: ☐ USA ☐ Other (specify): _____

SSN: Home Phone ( ) - Work Phone ( ) -

Effective Date of New Address (mm/dd/yyyy) / /

E-mail:

Would you like to make e-mail your preferred method of communication from PEIA? If yes, you must keep your e-mail address up to date with PEIA to receive plan communications. If no, you will continue to receive US mail from PEIA. ☐ Yes ☐ No

PEIA is required to collect a physical address in addition to a mailing address. The physical address **CANNOT** be a post office box. If your physical address is different than your mailing address, please complete the section below. PEIA will continue to mail to your mailing address, and will simply keep a record of your physical address.

Physical Address:

City: State: Zip Code: -

County: Country: ☐ USA ☐ Other (specify): _____

I certify that the above information is true and correct and understand that providing false information on this form is illegal and that those who provide false information may be prosecuted.

Policyholder Signature: Date: