



**IMPORTANT INSTRUCTIONS**

- 1. Complete the fillable form and SAVE it to your computer or device.
- 2. Click the UPLOAD button in the upper right-hand corner to submit the form via our secure link. If you prefer to fax the completed form, please fax to 512-370-1799.

UPLOAD

Do NOT click the UPLOAD button until you SAVE the form or you may lose progress.

## Change of Address Form

### Primary Insured Information

First name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Certificate Number: \_\_\_\_\_

Email address: \_\_\_\_\_ Daytime phone: \_\_\_\_\_

The following address should be changed:

### Office Address

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

This address should be used for:  Billing  All other correspondence  Both

### Home Address

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

This address should be used for:  Billing  All other correspondence  Both

If Submitting electronically, checking this box serves as proof of signature.

If faxing or emailing in form:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_