

BHSSC Employee Change of Address Form

First Name Middle Name Last Name

Address

City State Zip Code

Phone Number Signature

Please mail original to: BHSSC, PO Box 218, Sturgis SD 57785 or drop form off at BHSSC Sturgis Business Office.

Office Use Only:	
_____	South Dakota Retirement System
_____	Delta Dental Insurance
_____	Wellmark Health Insurance