

BHSSC Employee Change of Address Form

First Name

Middle Name

Last Name

Address

City

State

Zip Code

Home Phone Number

Cell Phone Number

Signature

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

You will need a E-2 Form to change your address with South Dakota Retirement. You will need to contact any other agencies you have deductions with to change your address.

_____	Delta Dental Insurance
_____	Wellmark Health Insurance