BHSSC Employee Change of Address Form

First Name _____ Middle Name _____ Last Name _____

Address _____

City _____ State _____ Zip Code _____

Contact phone number _____ Email address _____

Signature _____

Mail this form to: BHSSC, PO Box 218, Sturgis SD 57785 or drop form off at BHSSC Sturgis Business Office at 2885 Dickson Drive, Sturgis or scan and email to vhinek@bhssc.org

You will need to mail an E-2 to SDRS, PO Box 1098, Pierre, SD 57501 to update your address.

You will need to contact any other agencies you have deductions with to change your address.

For Business Office Use Only

_____ Delta Dental Insurance _____ Wellmark Health Insurance