BHSSC Employee Change of Address Form

First Name _____ Middle Name _____ Last Name _____

Address _____

City _____ State _____ Zip Code _____

Primary Phone Number _____ Email Address _____

Signature Required – please do not type name _____

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 (sdrs.sd.gov) 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