



WASHINGTON STATE HEALTH INSURANCE POOL

ENROLLEE CHANGE FORM

WSHIP
Attn: Enrollment
P.O. Box 1090
Great Bend, KS 67530
1-800-877-5187
Fax 620-793-1199
www.wship.org

MEMBER INFORMATION (Required for all changes)
Address Change? YES/NO
PREMIUM CYCLE Monthly - Automatic Withdrawal, Quarterly, Semi-Annual, Annual
NOTIFICATION OF NEWBORN/FOSTER/ADOPTED DEPENDENT
CANCELLATION OF COVERAGE
SIGNATURE OF ENROLLEE and SIGNATURE OF PARENT OR LEGAL GUARDIAN

RETURN THIS FORM TO THE ADDRESS ABOVE
DO NOT SEND PAYMENT WITH THIS FORM