



Better Insurance. Better Prices. Better Value.®

Change of Address Form

* Certificate Number: _____

* Full Name: _____

* Phone Number: _____

Email Address: _____

* Old Address: _____

City: _____

State: _____

Zip: _____

* New Address: _____

City: _____

State: _____

Zip: _____

Date of Move: _____

* Required Information

Signature: _____ Date: _____

Please Sign and Date your Change of Address request, and Mail it to:

Worldwide Assurance for Employees of Public Agencies
433 Park Avenue
Falls Church, VA 22046

Or for faster service Email your request to info@waepa.org

You can contact WAEPA TOLL FREE at (800) 368-3484,
or view the WAEPA website at: www.WAEPA.org