



Better Insurance. Better Prices. Better Value.®

Request forms By Mail, or by Email to info@waepa.org

Full Name: _____
 Mailing Address: _____

 City: _____
 State: _____
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Email Address: _____

I have the following request: _____

Please send me the following forms:

- Application for Membership and Life Insurance
- Application for New Federal Hires Under Open Enrollment
- Certify Your Domestic Partner
- Application for WAEPA Associate Membership and Life Insurance
- Application to Join WAEPA Without Purchasing Life Insurance
- Change of Beneficiary form
- Change of Name form
- Change of Address
- Increase Your Coverage
- Decrease Your Coverage
- Direct Deposit Sign-Up Form 1199A
- Automatic Premium Payment Service (APPS) authorization form to transfer from your checking account

Signature: _____ Date: _____

Please Sign and Date your request, and fax it to (703) 790-4606 or 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