AMERICAN FOREIGN SERVICE PROTECTIVE ASSOCIATION

# Address Change Form
# Ancillary Insurance Programs
# (AIP)- DENTAL INSURANCE

**Update your address online: AFSPA Member Portal https://afspamembers.afspa.org/auth**

Complete applicable fields below to request an address and/or AIP billing preference change.

## Member Information

Last Name | First Name | M.I.

Key Number | Date of Birth

Email

Phone: Home | Cell | Work

## AIP Program(s) - Check all that apply

☐ Cigna HMO/PPO

☐ Cigna International

☐ Dominion National

## Current Address

Street Address

Apt/Suite

City | State/Province | ZIP/Postal

Country

## New Address

Street Address

Apt/Suite

City | State/Province | ZIP/Postal

Country

## AIP Billing Preference

Preferred method for receiving AIP billing statements (select one):

☐ Email ☐ Mail ☐ Both

I hereby request that AFSPA update the information provided as indicated above for my Ancillary Insurance Program(s). I understand that it is my responsibility to ensure that the information provided is accurate and complete.

Signature | Date

**Please forward your completed form to AFSPA using the information below:**

**MAIL**
American Foreign Service Protective Association
1620 L Street NW, Suite 800
Washington, DC 20036

**FAX**
(202) 775-9082

**Online:** https://www.afspa.org/aip/dental/secure-form-dental-plan-question/