Address Change Form
Ancillary Insurance Programs (AIP)- Critical Illness

AMERICAN FOREIGN SERVICE PROTECTIVE ASSOCIATION

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: Check your active program below

☐ Critical Illness

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/life/secure-form-life-insurances-question/