



# SMART Voluntary Short Term Disability Plan Change of Address Form

Use this form to update your address with the SMART-VSTD Plan. Once you have completed the form, you may mail, fax or email the form to:

Smart VSTD Plan  
PO Box 1449, Goodlettsville, TN 37070-1449  
Fax: (615) 859-0201  
Email: [support@smart-vstd.com](mailto:support@smart-vstd.com)

For assistance, you may contact the office of the Plan toll-free at: (844) 880-1071

Member name:

Social Security No.:

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Phone No:

Email:

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My new address is:

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Use my new address immediately

or

My new address will be effective \_\_\_\_\_.

Member signature:

Date:

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