



# Member's Change of Address & Phone Number

Members Name: \_\_\_\_\_

Members SS#: \_\_\_\_\_

## Member's New Address:

Street \_\_\_\_\_

Apt#: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

## Member's New Phone Number:

( ) \_\_\_\_\_

Effective Date: \_\_\_\_\_

Name of person completing form: \_\_\_\_\_

Network Change? \_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes:

Date ID card and Directory Sent \_\_\_\_\_

Benefits Manager notified \_\_\_\_\_ Yes \_\_\_\_\_ No

Make copies and distribute as follows:

- Copies to:
- Medical Reception Desk
- Dental Reception Desk
- Benefits Department (Member's File)
- WHF Pharmacy