

CHANGE OF INFORMATION

NAME _____ MEMBER # _____

NEW BAR CODE# _____ OLD BAR CODE# _____

AUTHORIZED BY _____ DATE _____

_____ ADDRESS CHANGE _____ PHONE # CHANGE _____

ADDRESS _____

_____ REMOVE PERSON _____ \$ AMT. CHG. _____

_____ ADD PERSON—NAME _____ \$ AMT. CHG. _____
D.O.B _____ BARCODE _____

_____ KEY CARD CHANGE _____

_____ TERMINATION (IF CONTRACT STILL IN EFFECT SEE MICHELLE)

- 1) MOVED BEYOND 35 MILES
- 2) MEDICAL
- 3) OTHER _____

_____ BILLING CHANGE _____

- 1) BANK NAME _____
- 2) ACCOUNT # _____ EXP DATE _____
- 3) ROUTING # _____
- 4) DATE CHANGED _____

SIGNATURE _____