

# Information Update

## SECTION A Membership / Representative Information

**THIS INFORMATION IS REQUIRED.**

**Member / Representative E-mail**

E-mail \_\_\_\_\_

**Member**

Full Name \_\_\_\_\_

Membership ID# \_\_\_\_\_

Primary Phone ( ) - \_\_\_\_\_

**IF APPLICABLE**

**Representative**

Full Name \_\_\_\_\_

ID# \_\_\_\_\_

Primary Phone ( ) - \_\_\_\_\_

### Instructions / Comments

\_\_\_\_\_  
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**E-mail, fax or mail this completed form.**

To avoid delays, please make sure you complete *all* required information.

Once your request has been updated, confirmation will be sent to the e-mail address in **SECTION A**.

## SECTION B Update Requests

Only fill out information that is subject to change.

**Membership Information**

E-mail \_\_\_\_\_

Address or P.O. Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Primary Phone ( ) - \_\_\_\_\_

Alternate Phone ( ) - \_\_\_\_\_

**STANDARD** Membership  
 **ADVANTAGE** Membership  
 Other

Membership Plan  
 **GOLD**     **SILVER**     **BRONZE**

Healthy Living Plan  
 **YES**                       **NO**

Requested Effective Date  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Head of Household**

Name  
 LAST \_\_\_\_\_ FIRST \_\_\_\_\_

Social Security  
 \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Height \_\_\_\_\_

Weight \_\_\_\_\_

Sex  
 **MALE**     **FEMALE**   

**Spouse**

Name  
 LAST \_\_\_\_\_ FIRST \_\_\_\_\_

Social Security  
 \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Height \_\_\_\_\_

Weight \_\_\_\_\_

Sex  
 **MALE**     **FEMALE**   

**Dependent**

Name  
 LAST \_\_\_\_\_ FIRST \_\_\_\_\_

Social Security  
 \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Height \_\_\_\_\_

Weight \_\_\_\_\_

Sex  
 **MALE**     **FEMALE**   

**Dependent**

Name  
 LAST \_\_\_\_\_ FIRST \_\_\_\_\_

Social Security  
 \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Height \_\_\_\_\_

Weight \_\_\_\_\_

Sex  
 **MALE**     **FEMALE**   

**Member or Representative**

Signature \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Do not send unless you have **completed SECTION A in full.**