

# Member Information Update Form

Please print clearly.

**elderplan**<sup>®</sup>

Go. Do. Live.

NAME \_\_\_\_\_

ELDERPLAN MEMBER NUMBER \_\_\_\_\_ TODAY'S DATE \_\_\_\_\_

## I would like to ...

**Confirm/update my address.**

My **CURRENT/NEW** address is:

\_\_\_\_\_  
STREET ADDRESS CITY STATE ZIP

\_\_\_\_\_  
TELEPHONE E-MAIL ADDRESS

My **OLD** address is:

\_\_\_\_\_  
STREET ADDRESS CITY STATE ZIP

\_\_\_\_\_  
TELEPHONE E-MAIL ADDRESS

\_\_\_\_\_  
EFFECTIVE DATE:

**Receive a new Elderplan member ID card.**

**Change my Primary Care Physician (PCP).**

My **NEW/REQUESTED** PCP is:

\_\_\_\_\_  
PRIMARY CARE PHYSICIAN NAME STREET ADDRESS

\_\_\_\_\_  
CITY STATE ZIP TELEPHONE

My **OLD** PCP is:

\_\_\_\_\_  
PRIMARY CARE PHYSICIAN NAME STREET ADDRESS

\_\_\_\_\_  
CITY STATE ZIP TELEPHONE

Mail this form to: **Elderplan Member Service**  
**6323 Seventh Ave.**  
**Brooklyn, NY 11220**

Or fax to: **Elderplan Member Service**  
**(718) 630-2624**

### QUESTIONS?

Call Elderplan Member Service at **1-800-353-3765**;  
TTY 1-800-662-1220 8 a.m.–8 p.m., 7 days a week.