

Member Information Update Form



Leading the way to great care.

Please print clearly.

NAME _____

ELDERPLAN MEMBER NUMBER _____ TODAY'S DATE _____

I would like to...

Confirm/update my address.

My CURRENT/NEW address is:

_____ NY
STREET ADDRESS CITY STATE ZIP

_____ E-MAIL ADDRESS
TELEPHONE

My OLD address is:

_____ NY
STREET ADDRESS CITY STATE ZIP

_____ E-MAIL ADDRESS
TELEPHONE

_____ EFFECTIVE DATE:

Receive a new Elderplan member ID card.

Change my Primary Care Physician (PCP).

My NEW/REQUESTED PCP is:

_____ STATE ZIP
PRIMARY CARE PHYSICIAN NAME STREET ADDRESS

_____ NY
CITY STATE ZIP TELEPHONE

My OLD PCP is:

_____ STATE ZIP
PRIMARY CARE PHYSICIAN NAME STREET ADDRESS

_____ NY
CITY STATE ZIP TELEPHONE

Mail this form to: **Elderplan Member Service**
55 Water Street, 46th Floor
New York, NY 10041

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.