

Member Information Update Form



Caring in so many ways

Please print clearly.

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.