



Group Address Change Form

Date: _____

Purchaser ID: _____

ADDRESS CHANGE INFORMATION

Purchaser Name: _____

Check here if company name change

Purchaser Phone / Fax: _____

Check here if phone / fax change

Previous Address:

New Address:

For accurate processing, please select the appropriate level(s) to change.

Purchaser Level (physical address of company)

Billing Level (address where billing statement will be mailed)

Contract Level (address where group's contract will be mailed)

Address is the same for all 3 levels

Administrator / Employer Signature: _____

Administrator / Employer (print name): _____

Please fax completed form to: **888-436-4342**