

# Health Advantage



An Independent Licensee of the Blue Cross and Blue Shield Association

P.O. Box 8069  
Little Rock, Arkansas 72203-8069

**FAX 501-301-6869**

## ADDRESS CHANGE FORM

Health Advantage must have the Subscriber's correct address in order for Member ID Cards, Member Materials, Member Newsletters, Explanation of Benefits, Referral Letters and all other correspondence to be received at the Member's home.

Please complete the information below to change or correct a mailing address and fax to the number above or mail to:

Health Advantage  
Attn: Membership Accounting  
P.O. Box 8069  
Little Rock, AR 72203-8069

To have the change made within 48 hours, please contact the Customer Service Department at 1-800-843-1329 or email [customerservice@healthadvantage-hmo.com](mailto:customerservice@healthadvantage-hmo.com) to update address information.

**If you enroll on-line, please update information on-line. If your Employer provides eligibility electronically or through a third party vendor, please notify your Benefits Administrator or Personnel Department of change.**

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### Address Change

Subscriber Name \_\_\_\_\_

Subscriber ID # \_\_\_\_\_ Subscriber SSN \_\_\_\_\_

Group Name \_\_\_\_\_ Group# \_\_\_\_\_

Old Address \_\_\_\_\_

**New Address** \_\_\_\_\_

Effective date: Address changes are made effective on the date information is received.

Subscriber or Group Administrator Signature \_\_\_\_\_ Date \_\_\_\_\_