

Health Advantage



An Independent Licensee of the Blue Cross and Blue Shield Association
P.O. Box 8069
Little Rock, Arkansas 72203-8069

*****PLEASE RETURN COMPLETED FORM TO
YOUR BENEFITS ADMINISTRATOR*****

REQUEST FOR MEMBER SSN

Subscriber Name _____

Subscriber ID# _____ Home phone _____

Subscriber SSN _____ Work phone _____

Address _____

Group Name _____ Group Number _____

Health Advantage requires the Social Security Number (SSN) on all members in order to insure proper payment of claims and coordination of benefits. The SSN was not provided at the time of enrollment for above member.

If this is a newborn child, please complete this form when you receive the SSN for the child.

Sincerely,

Customer Accounts

SOCIAL SECURITY NUMBER (SSN) INFORMATION

Subscriber ID # _____ Subscriber SSN _____

Subscriber Name _____

Group name _____ **Group number** _____

Member name _____

Member SSN _____

Subscriber Signature _____ **Date** _____

5/2004

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