



Member Name or Address Change

**If you move from your present address, or change your name,
use this form to notify us promptly.**

Enrollee Name: _____ Group/Program Number: _____

Identification Number: _____ Daytime Phone: _____

Change of Name:

Previous Enrollee Name *(Please Print)* _____

New Enrollee Name *(Please Print)* _____

Change of Address:

Previous Mailing Address:

Enrollee Name *(Please Print)*: _____

Street or P.O. Box: _____

City: _____ State: _____ Zip: _____

New Mailing Address:

Street or P.O. Box: _____

City: _____ State: _____ Zip: _____

Home Telephone: _____

Signature: _____

Date: _____

Please Return to:

Blue Cross of Idaho
Attn: EBS
P.O. Box 7408
Boise, ID 83707 1408