

STATUS CHANGE FORM

Date: _____

Name: _____

ID No. _____ Phone: _____

I WOULD LIKE YOU TO:

Change my address: New address: _____

City: _____ State: _____ Zip: _____

This address change is for: Residence Billing Residence & Billing

This is a permanent address change

This a temporary (less than 12 months) address change

Add a newborn to my policy:

Name: _____ Birthdate: _____

Gender: Male Female

Correct my birthdate:

Name: _____ Birthdate: _____

Change my name:

New name: _____

Remove this member from my policy due to death:

Name: _____ Date of death: _____

Send me a new ID card

If you have additional questions, please contact our Administering Insurer, Regence BlueCross BlueShield of Oregon at 1-800-848-7280.

Signature: _____ Date: _____

Mail completed form to: OMIP Customer Service
c/o RBCBSO
PO Box 1271, MS 5K
Portland, OR 97207-1271