



Change Request Form

Date: ____/____/____

Member Name: _____

Member ID: _____

Change of Address (permanent & mailing)

New

Previous

Street: _____

Street: _____

City and State: _____

City and State: _____

Zip Code: _____

Zip Code: _____

Change of Telephone

Home Phone: ____-____-____

Home Phone: ____-____-____

Work Phone : ____-____-____

Work Phone : ____-____-____

Cell Phone : ____-____-____

Cell Phone : ____-____-____

Member's or Representative's Signature: _____

Please submit the form to HealthSun Health Plans via one of the following methods:

ATTN: Enrollment Department

Mailing: 3250 Mary Street Suite 400 Coconut Grove, FL 33133

Fax: 305-675-0652

Email: member.request@healthsun.com

If you have any questions please feel free to contact our Member Services Department at 877-336-2069, TDD/TTY users should call the plan at 877-206-0500 Monday through Sunday from 8:00 am to 8:00 pm. HealthSun Health Plan is an HMO plan with a Medicare contract. Enrollment in HealthSun Health Plan depends on contract renewal.