



Change Request Form

Date: ___/___/___

Member Name: _____ Member ID: _____

Change of Address: Permanent Mailing

<u>New</u>	<u>Previous</u>
Street: _____	Street: _____
City and State: _____	City and State: _____
Zip Code: _____	Zip Code: _____
Effective Date of Change: ___/___/___	

Change of Telephone

<u>New</u>	<u>Previous</u>
Home Phone: _____ - _____ - _____	Home Phone: _____ - _____ - _____
Work Phone: _____ - _____ - _____	Work Phone: _____ - _____ - _____
Cell Phone: _____ - _____ - _____	Cell Phone: _____ - _____ - _____
Effective Date of Change: ___/___/___	

Member's or Representative's Printed Name: _____

Member's or Representative's Signature: _____

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

ATTN: Enrollment Department
Mailing: **11430 NW 20th Street, Suite 300 Miami, FL 33174**
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. From October 1 through March 31, we are open seven days a week from 8 a.m. to 8 p.m. (we close on Thanksgiving and Christmas Day). From April 1 through September 30, we are open Monday through Friday from 8 a.m. to 8 p.m. (we close on federal holidays). HealthSun complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex.