

# Demographic Change Form



Return completed forms by:

- Mail: BCBSND  
Attn: Enrollment Department  
4510 13th Ave. S.  
Fargo, ND 58121

## Member Information

|                            |                          |
|----------------------------|--------------------------|
| Member Name (please print) | Unique Member Identifier |
|----------------------------|--------------------------|

## Request for Updating Member Information

### Updating Member Information

|   |                             |
|---|-----------------------------|
| <input type="checkbox"/> Name Change          | Effective Date (MM/DD/YYYY) |
| <input type="checkbox"/> Address Change       | Effective Date (MM/DD/YYYY) |
| <input type="checkbox"/> Date of Birth Change | Effective Date (MM/DD/YYYY) |

### Name Change

|            |             |           |
|------------|-------------|-----------|
| First Name | Middle Name | Last Name |
|------------|-------------|-----------|

### Address Change

If temporary change please check  NOTE: Member must update address when they return

Is this change to  Physical home address  Mailing address (e.g. PO BOX)

Address Line 1

Address Line 2

|      |       |     |
|------|-------|-----|
| City | State | Zip |
|------|-------|-----|

### Date of Birth Change

Birth Date (MM/DD/YYYY)

## Member Contact Information

### Contact Information

|                      |              |
|----------------------|--------------|
| Name (please print)  | Phone Number |
| Authorized Signature | Date         |