

# Employee Demographic Updates



## Return completed form by:

- Mail: Blue Cross Blue Shield of North Dakota  
Attn: Enrollment Department  
4510 13th Ave. S.  
Fargo, ND 58121
- Email your BCBSND Representative

Only check the box that needs to be updated.

### Client Information

Client Name

### Employee Information

Employee Name

UMI/Agreement Number

### Updating Information

**Name Change**

First Name

Middle Name

Last Name

**Address Change**

Address 1

Address 2

City

State

Zip

**Date of Birth Change**

Date of Birth (MM/DD/YYYY)

**Social Security Number Change**

Social Security Number

### Client Contact Information

Client Name

Phone Number

Authorized Signature

Date