



# C.A.R. HEALTH PLAN ADDRESS CHANGE REQUEST

For Assistance, Call RealCare Insurance Marketing at (800) 939-8088 ext. 201

*If you are enrolled in a Kaiser plan, please use the Kaiser Permanente Account Change Form Complete Sections B and C of that form.*

Name: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Cell phone number: \_\_\_\_\_

Real Estate License #: \_\_\_\_\_

Office phone number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Home phone number: \_\_\_\_\_

**1. Current Address:**

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**2. New Home Address:** *Anthem Blue Cross will use this address to determine the rating region and for mailing all correspondence including your ID cards, the Explanation of Coverage (EOC) booklet, and Explanation of Benefits (EOBs).*

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**3. New Billing Address:** *This address is used to mail your monthly C.A.R. health plan billing statements.*

Same as home address.

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**PLEASE BE AWARE THAT A HOME ADDRESS CHANGE COULD RESULT IN A RATE CHANGE IF THE CHANGE MOVES YOU TO A DIFFERENT RATING REGION.**

**Fax or mail the completed form to:**

**RealCare Insurance Marketing, Inc.  
19310 Sonoma Hwy. Suite A  
Sonoma, CA 95476  
Fax number: (707) 939-8450**