



# ADDRESS CHANGE REQUEST

## For All C.A.R. Insurance Plans

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

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

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 (Used to determine rate region):**

*Note: Anthem Blue Cross uses this to mail all correspondence including ID cards, the Explanation of Coverage (EOC) booklet, and Explanation of Benefits (EOBs)*

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

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

**3. New Mailing/Billing Address (Used for mailing monthly billing statements):**

*Note: Kaiser uses this to mail all correspondence including ID cards, the Explanation of Coverage (EOC) booklet, and Explanation of Benefits (EOBs)*

Same as home address.

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

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

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

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

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

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