

# Contact Information Change Form



Please use this form to update your address, phone or change your name. If you are not changing your name, you can contact Customer Service at **1-503-765-1948** to update your address and phone number.

## Address Update

Today's Date: \_\_\_/\_\_\_/\_\_\_

Member Name: \_\_\_\_\_ Member ID: \_\_\_\_\_

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

\_\_\_\_\_

City State Zip

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

\_\_\_\_\_

City State Zip

Current Phone: \_\_\_\_\_ New Phone: \_\_\_\_\_

\_\_\_\_\_  
Signature

## Name Change

Today's Date: \_\_\_/\_\_\_/\_\_\_

Member Name: \_\_\_\_\_ Member ID: \_\_\_\_\_

copy of drivers license, social security card or passport is attached to this form (required)

\_\_\_\_\_  
Signature

## Mail or Fax all Information to:

Fax or mail to:

Attn: Oregon's Health CO-OP  
PO Box 40087  
Portland, OR 97240  
Or Fax: 503-416-8103