

Member Information Update Form

Elderplan.

Caring in so many ways

Please print clearly.

NAME _____

ELDERPLAN MEMBER NUMBER _____ TODAY'S DATE _____

I would like to ...

☒ **Confirm/update my address.**

My CURRENT/NEW address is:

| | | | | |
|----------------|----------------|----|-------|-----|
| STREET ADDRESS | CITY | NY | STATE | ZIP |
| TELEPHONE | E-MAIL ADDRESS | | | |

My OLD address is:

| | | | | |
|----------------|----------------|----|-------|-----|
| STREET ADDRESS | CITY | NY | STATE | ZIP |
| TELEPHONE | E-MAIL ADDRESS | | | |

EFFECTIVE DATE:

☐ **Receive a new Elderplan member ID card.**

☒ **Change my Primary Care Physician (PCP).**

My NEW/REQUESTED PCP is:

| | | | |
|-----------------------------|-------|----------------------|--------------|
| PRIMARY CARE PHYSICIAN NAME | | 232 W Old Country Rd | |
| STREET ADDRESS | | | |
| Hicksville | NY | 11801 | 917-310-3371 |
| CITY | STATE | ZIP | TELEPHONE |

My OLD PCP is:

| | | | |
|-----------------------------|-------|-----|-----------|
| PRIMARY CARE PHYSICIAN NAME | | N/A | |
| STREET ADDRESS | | | |
| N/A | NY | N/A | N/A |
| CITY | STATE | ZIP | TELEPHONE |

Mail this form to: **Elderplan Member Service**
6323 Seventh Ave.
Brooklyn, NY 11220

Or fax to: **Elderplan Member Service**
(718) 630-2624

QUESTIONS?

Call Elderplan Member Service at **1-800-353-3765**;
TTY 1-800-662-1220 8 a.m.–8 p.m., 7 days a week.