

Important Changes Coming Soon

We are changing our computer system and need some new information from you. Having this information now will help make a smooth transition. Your coverage may not continue without this information. Fill out this form and return it to us by XXXXXX.

We need to know everyone who is living with you. If there are people not listed below, please call 1-800-792-4884.

Please give us your current pho	ne number:					
Name of Person completing for	m:		Date:			
f you need assistance understa	_					
·	onship Options: Choose from these options to complete the question below:					
Spouse	Sibling	Parent	Step-Parent	Child		
Aunt/Uncle	Step-Sibling	Step-Child	Niece/Nephew	Cousin		
Step-Aunt/Uncle	Ex-Spouse	Grandchild	Grandparent	Foster Child		
Parent-In-Law	Sibling-in-Law	Step-Grandchild	Step Grandparent	Foster Parent		
Guardian/Conservator	Pre-Adoptive Child	Pre-Adoptive Parent	Pre-Adoptive Sibling	Unrelated		
Self – Should be used if only 1 name is listed below						
Relationship						

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We need to know how each person is related to your other household members.	We have listed the names of everyone that
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Household Member		Household Member	*Relationship (Choose From Options Above)
Example: Mom	is	Dad's	Spouse
	is		
	is is		
	is		