

**MEMBER INFORMATION**

MEMBER NAME: \_\_\_\_\_  
(FIRST) (MI) (LAST)

MEMBER SSN: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_

GROUP NAME: \_\_\_\_\_

**NAME CHANGE (CHECK IF APPLICABLE AND COMPLETE THE FOLLOWING)**

NEW NAME: \_\_\_\_\_  
(FIRST) (MI) (LAST)

FORMER NAME: \_\_\_\_\_  
(FIRST) (MI) (LAST)

**ADDRESS CHANGE (CHECK IF APPLICABLE AND COMPLETE THE FOLLOWING)**

**PHONE CHANGE (CHECK IF APPLICABLE AND ENTER NEW TELEPHONE BELOW)**

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

COUNTY: \_\_\_\_\_ TELEPHONE # (INCLUDING AREA CODE): \_\_\_\_\_

**MISCELLANEOUS INFORMATION (OPTIONAL):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SIGNATURE**

I AGREE THAT THE ABOVE INFORMATION IS CORRECT.

EMPLOYEE SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**INSTRUCTIONS**

**FAX** completed form to **(910) 715-8101** to the attention of **Enrollment Department**.

You may also mail the completed form to:

Enrollment Department  
FirstCarolinaCare Insurance Company  
42 Memorial Drive  
Pinehurst, NC 28374

If you have any questions, please call Member Services at (910) 715-8100 or toll free at (800)-574-8556.