



C.A.R. HEALTH PLAN ADDRESS CHANGE REQUEST

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

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: *Anthem Blue Cross will use this address to determine the rating region and for mailing all correspondence including your ID cards, the Explanation of Coverage (EOC) booklet, and Explanation of Benefits (EOBs).*

Address: _____

City: _____ State _____ Zip Code _____

3. New Billing Address: *This address is used to mail your monthly C.A.R. health plan billing statements.*

Same as home address.

Address: _____

City: _____ State _____ Zip Code _____

Signature: _____

Date: _____

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

Fax or mail the completed form to:

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