



C.A.R. HEALTH PLAN ADDRESS CHANGE REQUEST

*This address change form is for use ONLY with C.A.R. health and life plans.
RealCare is not responsible for address changes for coverage outside of the C.A.R. group plans.*

For Assistance, Call RealCare Insurance Marketing at (800) 939-8088 Option 2

Name: _____

Social Security 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, email or mail the completed form to:

**RealCare Insurance Marketing, Inc.
430 West Napa Street, Suite F
Sonoma, CA 95476
Fax number: (707) 939-8450
Email: enrollment@realcare.biz**