

Demographic Update Form

Please complete, sign, and return this form with your current demographic information. You may also list a secondary residence if you live in another location for part of the year.

SECTION 1: MEMBER INFORMATION

Member's Full Name		Date of Birth	SSN	
Mailing Address		City	State	Zip Code
Marital Status	Employer			
Primary Phone	Phone Type <input type="checkbox"/> Home <input type="checkbox"/> Mobile <input type="checkbox"/> Work	E-mail Address		
Indicate the date the new address will go into effect if not immediate:				
List ALL covered dependents, including spouse, who reside with you at this address:				

SECTION 2: DEPENDENT(S) WITH DIFFERENT ADDRESS

Does your spouse or any covered dependent(s) reside at a different address? Yes No

Address (street, city, state, zip and name of custodian if minor)	Dependent(s) at this address

SECTION 3: SEASONAL OR TEMPORARY ADDRESS

Complete this section only if you want your mail routed to a secondary address for an extended period of time.

Secondary Mailing Address		City	State	Zip Code
Alternate Phone (if applicable)	Start Date	End Date		

SECTION 4: MEMBER CERTIFICATION

I certify that the above information is complete and accurate and understand that I am obligated to provide current address information to Allegiant Care.

Member Signature: _____ **Date:** _____

*Upload your completed and signed form using the Upload Documentation button on the home page. You may also return your completed form to the mailing address noted above.
Retain a copy of this form for your records.*