

MUNICIPAL HEALTH  
P.O. BOX 188  
NORTH LITTLE ROCK, ARKANSAS 72115  
PHONE 501.978.6137 FAX 501.537.7252 [www.arml.org](http://www.arml.org)



**MUNICIPAL**  
**HEALTH**

## CHANGE OF ADDRESS FORM

### PLEASE PRINT

Name of City/Entity: \_\_\_\_\_ Group Number: \_\_\_\_\_

Name of Policy Holder: \_\_\_\_\_ ID#/SSN: \_\_\_\_\_

### PREVIOUS INFORMATION

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Email \_\_\_\_\_

### CURRENT INFORMATION

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Email \_\_\_\_\_

Do you need additional Medical ID/Prescription Cards? ☐ Yes ☐ No

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please send this form to MHBP at the address or fax number listed above.**