



MEMBER RESIDING FORM

If anybody in your household is currently living outside of the El Paso area, please notify Preferred Administrators by completing this form. Please provide a proof of residency for dependent living outside of El Paso area. Proof of residency can be student transcript, utility bill, or driver license. It is very important that you notify Preferred Administrators of any changes since it will affect payment of claims.

Last Name of Member:		First Name of Member:	
Member ID Number:		Last Four Digits of Social Security Number:	
Phone Number for Member:		Email Address:	
FORMER ADDRESS			
Street:		Apt:	
City:	State:	Zip Code:	

NEW ADDRESS			
Street:		Apt:	
City:	State:	Zip Code:	

All Members residing outside of El Paso area will need to verify provider participation with Multiplan/PHCS by contacting them at 800-678-7427 or visiting www.multiplan.com/PAPHCS.

I authorize Preferred Administrators to update the address above so that claims may be paid accordingly.

X Policy Holder Signature:	Date:
----------------------------	-------

Mail or fax form to: Preferred Administrators
P.O. Box 971370
El Paso, TX 79997-1370
Fax# 915-225-1174

If you have any questions, you can reach our Member Services Department at 915-532-3778 or 1-877-532-3778 if outside of the calling area. Member Services is available Monday through Friday from 8 a.m. to 5 p.m., Mountain Time.