



### 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. **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:			
<b>FORMER ADDRESS</b>			
Street:		Apt:	
City:	State:	Zip Code:	

<b>NEW ADDRESS</b>			
Street:		Apt:	
City:	State:	Zip Code:	

**All Members residing outside of El Paso County will need to verify provider participation with Multiplan/PHSC by contacting them at 1-800-678-7427 or visiting [www.multipan.com](http://www.multipan.com).**

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

X Member/ Policy Holder Signature:	Date:
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Mail or fax form to: Preferred Administrators- Member Services Department  
P.O. Box 971370  
El Paso, TX 79997-1370  
Fax# 915-532-2286

If you have any questions, please contact Preferred Administrators at 915-532-3778.