

Address Change

Please complete the form below, print clearly and sign. Once completed please fax the form to our Main Office at (312) 236-3504 or stop by one of our offices or mail it to 33 North LaSalle Street, Suite # 300, Chicago, IL. 60602, ATTN: Member Services.

Change of address will also be made to all of your associated accounts (credit cards, mortgages etc.)

Please include a photocopy of documentation verifying your physical address such as driver's license, State ID, utility bill, lease agreement, insurance bill, etc. as proof of residency.

Name: _____
Last First Initial

Account Number: _____

Old Address _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

New Address _____ *Effective Date: / /*

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ E Mail _____

Signature: _____ Date: ____ / ____ / ____

If member is a child a parent or a custodian must sign the child's name and their own name and date (i.e. "John Smith, a minor, by parent, Mary Smith").

For office use only

1. Processing: Employee Name _____ Date: ____ / ____ / ____

2. Verification: Reviewed Documents By _____ Date: ____ / ____ / ____

3. Imaging: Forward to Document Retention for imaging.