



<b>FOR FCHP USE ONLY</b>
Effective Date:
Authorized By:

## *FirstCommunity* SENIOR SELECT CHANGE IN MEMBER STATUS

**1-800-734-7826**  
P.O. Box 2887 Huntsville, AL 35804 (256) 532-2783

<b>MEMBER INFORMATION</b>				
Member Name (Last, First, MI)	Plan Type		Subscriber No.	
Date of Birth	Social Security Number	Home Phone	Alternate Phone	
<b>NAME CHANGE</b>				
Date of Change	Reason for Change			
Change Name From (Last, First, MI)				
Change Name To (Last, First, MI)				
<b>ADDRESS CHANGE</b>				
OLD Street Address	City	State	Zip	Phone
NEW Street Address	City	State	Zip	Phone
<b>WITHDRAWAL OF COVERAGE</b>				
<input type="checkbox"/> I hereby give notice of withdrawal from participation in FirstCommunity Senior Select. I realize that this will be effective the first of the month following FCHP's receipt of this form. Should I elect to participate again in FirstCommunity Senior Select, I may be required to furnish evidence of insurability satisfactory to FirstCommunity Senior Select at my own expense.				

SIGNATURE OF MEMBER

DATE