



FOR FCHP USE ONLY
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

MEMBER INFORMATION				
Member Name (Last, First, MI)		Plan Type	Subscriber No.	
Date of Birth	Social Security Number	Home Phone	Alternate Phone	
NAME CHANGE				
Date of Change		Reason for Change		
Change Name From (Last, First, MI)				
Change Name To (Last, First, MI)				
ADDRESS CHANGE				
OLD Street Address	City	State	Zip	Phone
NEW Street Address	City	State	Zip	Phone
WITHDRAWAL OF COVERAGE				
<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