

Medicare change of address form



Member information

Last name	First name	M.I.
Date of birth / /	Priority Health subscriber ID	

Permanent address (where you reside at for 6+ months of the year, file your taxes, registered to vote, etc.)

Street address (no PO boxes)		Unit/apt/lot no.
City	State	Zip code
County	Phone () -	

Mailing address (the address you use to receive information)

<input type="checkbox"/> Same as permanent address listed above (check here)		
Street address		Unit/apt/lot no.
City	State	Zip code

Effective date

I would like for this address change to be made effective: / /
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If you have moved and have not notified Social Security of your new address, you may call them at 800.772.1213 (TTY: 800.325.0778) Monday - Friday 7 a.m. to 7 p.m.

While your Priority Health Medicare plan includes an outside-of-Michigan travel benefit that provides nationwide coverage through providers that accept Medicare, your permanent address must still be within the approved service area. If you move it may affect your premium or your eligibility for our plan. Generally, if you move outside of our service area your plan will end on the last day of the month in which we received the notification. Please refer to your Evidence of Coverage, Chapter 1, Section 2.3 and Chapter 10, Section 5.1.

Signature

Member signature	Today's date / /
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A paper form can only be accepted with a handwritten signature. Electronic, digital or typed signatures are not permitted per the Centers for Medicare and Medicaid services.

If you are the authorized representative, you must sign above and provide the following information

Last name	First name	Phone () -
Street address		Unit/apt/lot no.
City	State	Zip code
Relationship to member: <input type="checkbox"/> Power of attorney <input type="checkbox"/> Legal guardian <input type="checkbox"/> Other: _____		

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Instructions

Are you a legal guardian?

We require documentation to verify legal guardianship agreements.

Please scan and email or mail legal documents to:

MedicareCS@priorityhealth.com -- or -- Priority Health, MS 1115, 1231 E Beltline, Grand Rapids, MI 49525

How do I submit this completed form?

Scan and email (preferred):

PH-MedicareEnrollment@priorityhealth.com

Mail:

Priority Health, MS 1175
1231 East Beltline Ave NE
Grand Rapids, MI 49525

Fax:

616.942.7204

Have questions or need help?

You can contact Customer Service by calling us toll-free at 888.389.6648 (TTY users should call 711), from 8 a.m. to 8 p.m. seven days a week. You can also send a secure online message from your member portal account at ***member.priorityhealth.com*** by clicking on **Get help** in the top right corner of your screen. We'll reply within two business days.