



# Change of Address Form

**Instructions:** If your address has recently changed, please complete the form below with your new address.

**Member Information:**

|                  |  |
|------------------|--|
| Member ID Number |  |
| First Name       |  |
| Last Name        |  |
| Date of Birth    |  |

**New Address:**

|                |  |
|----------------|--|
| Street Address |  |
| City           |  |
| State          |  |
| Zip            |  |
| Telephone      |  |

**Old Address:**

|                |  |
|----------------|--|
| Street Address |  |
| City           |  |
| State          |  |
| Zip            |  |
| Telephone      |  |

|                          |  |
|--------------------------|--|
| Date of Request          |  |
| Person Requesting Change |  |
| Relationship to Member   |  |

**How to turn in this form:**

To turn in this form, please fill it out then mail it to this address:

**Virginia Premier**  
Attn: Member Services  
P.O. Box 5307  
Richmond, VA 23220-0307  
Fax requests to: 804-819-5188

If you have questions about this form, please call Member Services at 1-800-727-7536 (TTY: 711). We're here to help.