



ID Card Request Form

Instructions: Please complete the form below to request a new Virginia Premier ID card.

Member Information:

Member ID Number:
First Name*:
Last Name*:
Date of Birth*:
Address*:
City*:
State*:
ZIP Code*:
Phone Number*:
Primary Care Physician (PCP):

*required information

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).