

**MUNICIPAL HEALTH BENEFIT FUND
P.O. BOX 188
NORTH LITTLE ROCK, AR 72115
(501) 978-6137
FAX (501) 537-7265**

CHANGE OF ADDRESS

Name of City/Entity		Group Number	
Name of Member / Employee		SSN	
Old Mailing Address			
City	State	Zip	Phone Number ()

New Mailing Address			
City	State	Zip	Phone Number ()

Do you need additional combination Medical ID/ Prescription Cards?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Member/Employee Signature

Date

Please send this form to MHBF at the above address or fax number.