



BCBSM Address Change Form Retiree and Term-Vested Participants

Mail or Fax to:

Blue Cross Blue Shield of MI
Retirement Administration, MC 0126
Blue Cross Blue Shield of Michigan

Phone: 313-225-9843 Fax: 866-238-3295

Date: ___ / ___ / ___

***Check All That Apply**

Name Change Phone Number Change Address Change

(* Fields must be filled out)

Previous Name: _____

*Current Name: _____

*Current Phone Number: (____) _____ - _____

*Social Security Number: ____ - ____ - ____

Employee ID: _____

Previous Address:

*Current Address:
