

**MUNICIPAL HEALTH BENEFIT FUND
P.O. BOX 55152
LITTLE ROCK, AR 72215
(501) 374-3484
FAX (501) 537-7252**

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?	Yes	No
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Member/Employee Signature

Date

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