

**BlueCross BlueShield of Alabama**  
**INFORMATION CHANGE NOTIFICATION**

**( Dental Only )**

**450 Riverchase Pkwy, E.**  
**P.O. Box 995**  
**Birmingham, AL 35298-0001**

**Phone Number-(205)220-7295**

**New Name:** \_\_\_\_\_ **SSN:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Old Name** \_\_\_\_\_ **Employer:** \_\_\_\_\_

**Effective Date of Change** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Old Address:**

\_\_\_\_\_  
**Street or P.O. Box**

\_\_\_\_\_  
**City**

\_\_\_\_\_  
**State**

\_\_\_\_\_  
**Zip Code**

**New Address:**

\_\_\_\_\_  
**Street or P.O. Box**

\_\_\_\_\_  
**City**

\_\_\_\_\_  
**State**

\_\_\_\_\_  
**Zip Code**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

( ) \_\_\_\_\_  
**Phone Number**