



STATE OF LOUISIANA - OFFICE OF GROUP BENEFITS ADDRESS/NAME CHANGE FORM



OLD ADDRESS/INFORMATION			
MEMBER NAME)		MEMBER ID NUMBER OR LAST 4 DIGITS OF SSN	
OLD ADDRESS	CITY	STATE	ZIP CODE
PRIMARY PHONE NUMNER	ALTERNATE PHONE NUMBER		
EMAIL ADDRESS			

NEW ADDRESS/INFORMATION			
MEMBER NAME)			
NEW ADDRESS	CITY	STATE	ZIP CODE
PRIMARY PHONE NUMNER	ALTERNATE PHONE NUMBER		
EMAIL ADDRESS			

NAME CHANGE:
PREVIOUS NAME
NEW NAME

SIGNATURE

DATE

You may fax, mail or email this form to OGB customer service at:

Office of Group Benefits
Attention: Customer Service
P.O. Box 44036
Baton Rouge, LA 70804-4036
Fax: 225-342-9917
email: ogb.customerservice@la.gov