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CHANGE FORM

ID No. _____

Subscriber Name		Subscriber's Date of Birth	
Group No.		Subgroup	
1. <input type="checkbox"/> Change Name To:		Former Name:	
2. <input type="checkbox"/> Change my mailing address to the following:			
Street or PO Box: _____			
City: _____			
State: _____ Zip Code: _____			
Daytime phone number: (_____) _____			
Subscriber Signature X _____		Date: _____	
<p><i>It is a crime to knowingly provide false, incomplete or misleading information for the purposes of defrauding the company. Penalties include imprisonment, fines and denial of coverage.</i></p> <p><i>A scanned, imaged or photocopied version of this completely executed form will have the same force and effect as the original document.</i></p>			