



**Health Solutions**  
**Religious Medical Trust**  
1205 Windham Parkway  
Romeoville, IL 60446  
800.807.0100 / 630.378.2505 fax

### Member Address / Zip Code / Phone Number Change Form

Please fax to Billing and Eligibility Service at 630.378.2505 or send an email to [HealthEnrollment@CBServices.org](mailto:HealthEnrollment@CBServices.org).

Date	From	Phone Number
<input type="text"/>	<input type="text"/>	<input type="text"/>

Religious Order Location Number	Effective Date of Change	Religious Order Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

#### Current Personal Information

Member's Name (Last, First, Middle)	Social Security Number
<input type="text"/>	<input type="text"/>

#### Fill in Only the Information to be Changed

Home Address	City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Phone Number	Email Address		
<input type="text"/>	<input type="text"/>		