



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

Member Name / Date of Birth Change Form

Please fax to Billing and Eligibility Service at 630.378.2505 or send an email to HealthEnrollment@CBServices.org.

Date

From

Phone Number

Religious Order Number

Effective Date of Change

Religious Order Name

Current Personal Information

Member's Name (Last, First, Middle)

Social Security Number

Member Information to be Changed

First Name

Middle Name or Initial

Last Name

Date of Birth