

CHANGE YOUR COMMUNICATION PREFERENCES

Use this form to change how we communicate with you.

INSTRUCTIONS FOR COMPLETION

- 1. Print or type.
- 2. Use blue or black ink.
- 3. Send the form: Health Tradition
P.O. Box 21171
Eagan, MN 55121

Fax: (608) 781-9654

Your Name: _____

Your Birth Date: _____

Subscriber Number: _____

Group Number: _____

Phone Number: _____

Email Address: _____

Change My Address

What is your new address? _____

Reason for Change: _____

Change How Health Tradition Contacts Me

How do you want us to contact you? _____

Reason for Change: _____

Your Signature

Date