

*The enclosed correspondence was returned by the Post Office. Please complete the information below and return to Blue Cross Blue Shield of Mississippi. Thank you for submitting the current address, to ensure proper mail delivery.*

CHANGE OF ADDRESS FORM

ID NUMBER: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name (as shown on Identification card): \_\_\_\_\_

New Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_

**Return this form to:**  
**Blue Cross Blue Shield of Mississippi**  
**P.O. Box 23734**  
**Jackson, MS 39225-3734**