Change Form

Farm Bureau Health Plans
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Columbia, TN 38402-0313
Phone: 877-874-8323
Billing Fax: 931-560-4278
billingmfp@fbhealthplans.com

County Office or FBHP Agent Use Only

Subgroup	County	Branch

General Information

Upon completion, please submit to address, fax or email above.

Subscriber Information

First Name	MI	Last Name

Date of Birth	Subscriber ID Number	Current TFB Membership ID Number

Mailing Address

City	County	State	Zip Code

Phone No. ( ) ____________ - ____________ Alternate No. ( ) ____________ - ____________

Email Address (by providing your email address, you agree to receive electronic communications from Farm Bureau Health Plans.)

Changes

I wish to make the following changes:

- ☐ Name Change — Change Name to | Former Name
- ☐ Address Change — Mailing Address | City | County | State | Zip Code
- ☐ County Change — New County/Branch | Former County/Branch
- ☐ Plan Change — Change Coverage to (NOTE: Once you change coverage, you will not be able to go back to the previous plan unless you re-apply)
- ☐ Dependent Change
  - ☐ Change my coverage from individual to family
  - ☐ Change my coverage from family to individual
  - ☐ Add the following spouse/dependent(s)
  - ☐ Delete the following spouse/dependent(s)

Maternity Benefits
***Individual Coverage*:** No maternity benefits provided. ***Family Coverage*:** Maternity benefits available after coverage has been in effect for nine consecutive months.
Documentation
If adding or deleting spouse/dependent(s), list date of marriage or divorce. Additional documentation may be required.

DEPENDENT 1 First Name	MI	Last Name

Date of Birth	Gender	Social Security No.	Date of Marriage/Divorce
	☐ Male ☐ Female		

DEPENDENT 2 First Name	MI	Last Name

Date of Birth	Gender	Social Security No.	Date of Marriage/Divorce
	☐ Male ☐ Female		

DEPENDENT 3 First Name	MI	Last Name

Date of Birth	Gender	Social Security No.	Date of Marriage/Divorce
	☐ Male ☐ Female		

Authorization

Subscriber Signature ______________________ **Today's Date** ______________________

A scanned, imaged or photocopied version of this completely executed form will have the same force and effect as the original document.