

STATE CONTINUATION ADDRESS NOTIFICATION

If you have a spouse or dependent(s) whose mailing address is different from yours (dependent child covered by court order, living with an ex-spouse, etc.), or your mailing address changes, please provide us with an updated address. Should you have any questions, please contact us in Corvallis at **541-768-4550**, or toll-free at **1-800-832-4580**

(TTY **1-800-735-2900**), Monday to Friday, 8 a.m. to 8 p.m.

Please complete and mail to: **Samaritan Health Plans, PO Box M, Corvallis, OR 97339**

Thank you for your assistance.

All dependents have same contact information as employee/subscriber

EMPLOYEE / SUBSCRIBER INFORMATION	
Name of Employee / Subscriber:	
Subscriber ID #:	Date of Birth (mm/dd/yyyy):
Address:	
SPOUSE ADDRESS INFORMATION	
Name of spouse:	Date of Birth (mm/dd/yyyy):
Address:	
COVERED DEPENDENT ADDRESS INFORMATION	
Name of covered dependent:	
Name of guardian:	Date of Birth (mm/dd/yyyy):
Address:	
COVERED DEPENDENT ADDRESS INFORMATION	
Name of covered dependent:	
Name of guardian:	Date of Birth (mm/dd/yyyy):
Address:	
COVERED DEPENDENT ADDRESS INFORMATION	
Name of covered dependent:	
Name of guardian:	Date of Birth (mm/dd/yyyy):
Address:	

Signature: _____ Today's Date: _____