MUNICIPAL HEALTH BENEFIT PROGRAM
P.O. BOX 188
NORTH LITTLE ROCK, AR 72115
(501) 978-6137
FAX (501) 537-7265

CHANGE OF ADDRESS

Name of Group/Employer:		Group Number	
Name of Member / Employee			SSN
Old Mailing Address			
City	State	Zip	Phone Number ( )

New Mailing Address			
City	State	Zip	Phone Number ( )

Member/Employee Signature

Date

Please send this form to MHBP at the above address or fax number.