

OHP ADDRESS CHANGE REQUEST FORM

Name on file with OHP _____

Date of Birth ____/____/____

Member ID # _____

▶ **REQUESTED ADDRESS CHANGE:**

Address Line 1: _____

Address Line 2: _____

City: _____ State: _____ Zip Code: _____

▶ **ADDRESS ON FILE WITH OHP:**

Address Line 1: _____

Address Line 2: _____

City: _____ State: _____ Zip Code: _____

Signature _____

Today's Date _____

Email via secure message to ohp.outreach@state.or.us

