

OHP NAME/GENDER CHANGE REQUEST FORM

Name on file with OHP _____

Date of Birth ____/____/____

Member ID # _____

To whom it may concern:

My name and/or gender are listed incorrectly, please update to reflect the correct name and gender in your system.

▶ **REQUESTED NAME/GENDER CHANGE:**

Name: _____ Gender: _____

▶ **NAME/GENDER ON FILE WITH OHP:**

Name: _____ Gender: _____

Signature _____

Today's Date _____

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