



# STATE OF LOUISIANA - OFFICE OF GROUP BENEFITS ADDRESS/NAME CHANGE FORM



## OLD ADDRESS/INFORMATION

MEMBER NAME		MEMBER ID NUMBER OR LAST 4 DIGITS OF SSN	
OLD ADDRESS	CITY	STATE	ZIP CODE
PRIMARY PHONE NUMBER	ALTERNATE PHONE NUMBER		
EMAIL ADDRESS			

## NEW ADDRESS/INFORMATION

MEMBER NAME			
NEW ADDRESS	CITY	STATE	ZIP CODE
PRIMARY PHONE NUMBER	ALTERNATE PHONE NUMBER		
EMAIL ADDRESS			

## NAME CHANGE:

PREVIOUS NAME
NEW NAME

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

You may fax, mail or email this form to OGB customer service at:

Office of Group Benefits  
Attention: Customer Service  
P.O. Box 44036  
Baton Rouge, LA 70804-4036  
Fax: 225-342-9919  
email: [ogb.customerservice@la.gov](mailto:ogb.customerservice@la.gov)