



TLC Group Data Change Form

The Local Choice Program

Instructions: Please print or type legibly – illegible forms will delay processing.
 Complete only the items to be changed. Contact changes require the Cardinal ID* or SSN and date of birth.

***Cardinal ID number is the seven (7) digit BES ID number with 00 in front and 00 after the seven digits.**

Group/Subdivision Name: _____ DHRM Group Number: _____

1. <input type="checkbox"/> Change Mailing Address.			
Street or P O Box:		Suite:	
City:	State:	Zip	
2. <input type="checkbox"/> Change Shipping Address (physical location). <input type="checkbox"/> Shipping Address same as Mailing Address.			
Street or P O Box:		Suite:	
City:	State:	Zip	
3. <input type="checkbox"/> Change Benefits Administrator's information. This person handles eligibility and enrollment.			
First Name:	Middle Initial:	Last Name:	Suffix:
Cardinal ID or SSN:		Date of Birth:	
Email:			
Phone: () -		Ext: Fax: () -	
4. <input type="checkbox"/> Change Benefits Executive's information. This person authorizes the renewal.			
First Name:	Middle Initial:	Last Name:	Suffix:
Cardinal ID or SSN:		Date of Birth:	
Email:			
Phone: () -		Ext: Fax: () -	
5. <input type="checkbox"/> Change Billing Administrator's information. This person receives and handles inquiries about billing.			
First Name:	Middle Initial:	Last Name:	Suffix:
Cardinal ID or SSN:		Date of Birth:	
Email:			
Phone: () -		Ext: Fax: () -	
6. <input type="checkbox"/> Change Billing Executive's information. This person authorizes premium payments.			
First Name:	Middle Initial:	Last Name:	Suffix:
Cardinal ID or SSN:		Date of Birth:	
Email:			
() -		Fax: () -	
Phone:		Ext:	

7. Employer Certification. I certify that the information on this form is complete and accurate to the best of my knowledge. <input type="checkbox"/> Yes <input type="checkbox"/> No						
Date sent to DHRM:	Month:	Day:	Year:	DHRM Group Number:	-	-
				()	-
Authorized by: Name:				Phone:	Ext:	

Send authorized form by: Email: TLC@dhrm.virginia.gov, Fax: (804) 786-1708, or Mail: DHRM – TLC, 101 N 14th St Fl 13, Richmond, VA 23219