



# 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: \_\_\_\_\_

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

<b>7. Employer Certification.</b> 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](mailto:TLC@dhrm.virginia.gov), Fax: (804) 786-1708, or Mail: DHRM – TLC, 101 N 14<sup>th</sup> St Fl 13, Richmond, VA 23219