



Personal Information Change Form

Visit www.LAPRALive.org to make any of these changes online.

IMPORTANT: If you are changing your name or your dependent's name you must attach a legal document showing the new name such as marriage certificate, LAPD identification card.

| Member Information | | Last 4 of SSN |
|--|--|---------------|
| First, Middle Initial, Last Name | | |
| E-mail Address | Cell Phone | Home Phone |
| Member Changes | | |
| New Name <i>(if different from above)</i> | First, Middle Initial, Last Name | |
| New Residential Address | Residential Address <i>(P.O. Box is not allowed for Medicare enrollees.)</i> | |
| New Mailing Address | Mailing Address <i>(If different from your residential address.)</i> | |
| Dependent Name Change | | |
| Previous Name | New Name | |
| Previous Name | New Name | |
| Consent | | |
| <i>I understand that LAPRA will not share my personal information with third parties or make it available to the public. I also understand that LAPRA may use my personal email address or cell phone to communicate important benefits information to me from time to time.</i> | | |
| Member Signature | Date | |

Submit completed form and required documents to:

Benefits@lapra.org | or mail to 600 N. Grand Avenue, Los Angeles, CA 90012 | Tel (888) 252-7721