CAPROCK
HEALTHPLANS
A Division of Caprock Health Group

SECTION 125 FLEXIBLE BENEFIT PLAN
ADDRESS CHANGE FORM

Employer Name:	Last four (4) digits of your Social Security Number:
Employee Name:	Phone Number:
Former Street Address:	
Former City / State / Zip Code:	
New Street Address:	
New City / State / Zip Code:	

_____ _____

Employee Signature Date

PLEASE RETURN COMPLETED FORM TO THE FOLLOWING ADDRESS:

Caprock HealthPlans · Post Office Box 780159 · San Antonio, TX 78278
Phone (210) 348-7300 / (800) 840-3977
Fax (210) 442-4681
Email: reimbursement@caprockhp.com