

Account Adjustment Form

(Terminations/Deletions, Address Changes, Contact Info Changes)

Please use this form to submit any account changes, including termination requests for an active employee, deletion of a member/dependent or alterations in contact information. If you have any questions please call Member Services at 1-866-747-8422.

Thirty days written notice is required for account changes.

Terminate Name Change Address Change Date of Birth Missing Information	*Member ID Number	Employee Full Name	Updated Information/Reason for Termination
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
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To add a new employee/member, DO NOT USE THIS FORM. Please contact the Enrollment Dept. at 1-866-747-8422

*Employer Name: _____

*Account No.: _____

*Employer Signature: _____

*Date: _____

MAIL TO: Easy Choice Health Plan of New York, 45 Broadway Suite 300, New York NY, 10006

FAX TO: (646) 929.9222



* Required Information