

Nebraska Comprehensive Health Insurance Pool

Administered by Coventry Health and Life Insurance Company
P.O. Box 541210 Omaha, NE 68154 | Phone: 855-247-5201 (Toll Free) | Fax: 866-799-9448 | www.nechip.com

We need your help to verify your correct mailing address billing address.

Please return this form to update your address.

Please Print

Member's Name: _____

Member's ID Number: _____

Address Currently on file:

Street _____ Apartment # _____

City _____ State _____ Zip Code _____

Please change my address to the following:

Street _____ Apartment # _____

City _____ State _____ Zip Code _____

Your signature is required before we can process this information.

Signature of Member _____ Date _____

If this authorization is signed by a personal representative on behalf of the individual, please complete the following and attach legal documentation if you are the legal guardian or Holder of Power of Attorney.

Personal Representative's Name: _____

Relationship to Policy Holder: _____

Address: _____

Daytime Phone Number: _____

Signature must be of named policyholder or person/organization/group health plan already designated by the subscriber to receive the subscriber's PHI (Protected Health Information).