



Member Address Change Request

Directions:
Fax completed form to: 866-552-6205 or scan and attach completed form to a secure Silver Mail Message.

AgentSupport@CVSCaremark.com
www.SilverScriptAgentPortal.com

Date:

New Member Existing Member

Agent Name:
Agent ID:
Agent Phone:

Member Name:
Member ID:
Member Phone:

Old Address
Line 1:
Line 2:
City, State Zip:

New Physical Address
Line 1:
Line 2:
City, State Zip:

New Mailing Address
Line 1:
Line 2:
City, State Zip:

Address Change Reason: (Circle one)

Data Entry Correction
 Mailing Only
 Permanent (Over 12 months)
 Temporary (under 12 months)

Additional Notes:

Member Signature: _____
(Required)

Date: _____