[*If the plan uses the Member’s Medicaid ID# as its Member’s Plan ID#, replace the two fields* Member ID *and* Beneficiary ID *with one field,* Member/Beneficiary ID.]

<Date> Member ID: <Member’s Plan ID#>

Beneficiary ID: <Member’s Medicaid ID#>

<Name>

<Address>

<City>, <State> <ZIP>

<Name>:

IMPORTANT: We need to confirm your address.

Only people who live in our service area can be part of <plan name>. We need to know if you still live in our service area.

If you’ve moved, update your address as soon as possible. Call <plan name> <Member Services or the term the plan uses> if you need to go to the doctor, pharmacy, or access any covered services.

How can I update my address?

You can:

* **Update your address online** at [www.michigan.gov/mibridges](https://newmibridges.michigan.gov/s/isd-landing-page?language=en_US), or
* **Contact your local Michigan Department of Health and Human Services (MDHHS) Office** with your new address.
  + Call Michigan ENROLLS for your local office’s contact information toll-free at 1-800-975-7630 or at 1-888-263-5897 if you use TTY. Office hours are Monday through Friday, 8 AM to 7 PM, or
  + Find your local Department of Health and Human Services office address and phone number at[www.mdhs.michigan.gov/CompositeDirPub/CountyCompositeDirectory.aspx](https://www.mdhs.michigan.gov/CompositeDirPub/CountyCompositeDirectory.aspx).

**Your permanent address must be inside <plan name>’s service area.**

You can be away from <plan name>’s service area for up to 6 months in a row (without changing your permanent address) and still stay a member of <plan name>. You’ll be disenrolled from <plan name>’s health services and prescription drug coverage if:

* you move and your new permanent address is outside the service area, or
* you’re away from the area for more than 6 months in a row.

If you’re disenrolled, you may be able to join a plan that serves the area where you now live.

You must also tell Social Security about your address change.

If you’ve moved and haven’t told Social Security your new address:

* Call toll-free at 1-800-772-1213 or at 1-800-325-0778 if you use TTY. The call is free. Office hours are Monday through Friday, 7 AM to 7 PM, or
* Change your address and phone number by going to “my Social Security account” at [www.ssa.gov/myaccount/](https://www.ssa.gov/myaccount/).

What if I have questions about <plan name>?

If you have questions, call <plan name> <Member Services or the term the plan uses> at <toll-free phone and TTY numbers>, <days and hours of operation>. You can also visit <MMP web address>.

[*Plans must include all applicable disclaimers as required in the State-specific Marketing Guidance.*]

[*Plans are subject to the notice requirements under Section 1557 of the Affordable Care Act. For more information, refer to* [*www.hhs.gov/civil-rights/for-individuals/section-1557*](https://www.hhs.gov/civil-rights/for-individuals/section-1557)*.*]

[*Plans may increase the font size and/or use bold font to emphasize the following information.*]You can get this document for free in other formats, such as large print, braille, or audio. Call [*insert Member Services toll-free phone and TTY numbers, days and hours of operation*]. The call is free.