[Your Name]
[Policy Number]
[Group Number]
[Current Phone Number]
[Date]

[Insurance Company Name]
[Member Services Department]
[Insurance Company Address]
[City, State, Zip Code]

**Subject: Notification of Change of Address**

Dear Member Services,

I am writing to formally notify you of a change in my residential and billing address. Please update your records for my health insurance policy effective [Date of Change].

**My new contact information is as follows:**

New Address: [Street Address, Apartment/Suite Number]
City: [City]
State: [State]
Zip Code: [Zip Code]

**My previous contact information was:**

Old Address: [Street Address, Apartment/Suite Number]
City: [City]
State: [State]
Zip Code: [Zip Code]

Please ensure that all future correspondence, billing statements, and new insurance cards are sent to the new address listed above. I would also appreciate a written confirmation once this update has been processed in your system.

Thank you for your assistance with this matter.

Sincerely,

[Your Signature]
[Your Printed Name]