

LAFRA – UPDATE FORM

Please use the following form to update or change the information provided to you on the Member Profile Report.

Member Information:

First Name	M	Last	Telephone Number	Last 4 digits of your SSN

If your address is different than the information listed on the Summary Report, please use the space below to update your information:

Address	City	State	Zip

Please include your current email address, if different than what is listed on the Summary Report:

If you are on a LAFRA Medical Plan:

- 1) Are your dependents correct? If they are not, please call (323) 259-5200 and press 0.
- 2) If you are on Medicare, is your Medicare information correct? Is your spouse's Medicare information correct? If not, please call (323) 259-5200 and press 0.

One exception to using the "Update Form" is if you need to change your beneficiaries. For these changes use the included "Designation of Beneficiaries" form. Please be sure to sign the form as any unsigned forms will be returned to the member. Use the included postage paid envelope to return all forms.

Please list the contact information for your spouse or children. In the event you are incapacitated, this information will allow us to best provide service to you and your family.

Name	Relationship	Email Address

If you need additional space, please use the back of this form.

Please provide any changes or updates regarding other information provided on the Summary Report (including Medicare information for you and your spouse):

Please use the included postage paid envelope to return this form to the Relief Association.

If you need to speak to a Membership Services representative, please call (323) 259-5200, press 0 for the operator and ask for Membership Services.

Thank you for your help in maintaining up-to-date and accurate information.

