



# REQUEST FOR ACCOUNT CHANGE

Account Holder: \_\_\_\_\_ Sterling Acct # \_\_\_\_\_

PLEASE CHANGE MY:	NEW CHANGES TO REFLECT ON MY ACCOUNT		
<input type="checkbox"/> ADDRESS ▶			
	<i>Address</i>	<i>City</i>	<i>State</i> <i>Zip</i>
<input type="checkbox"/> CONTACT INFO ▶			
	<i>Email Address</i>	<i>Work Telephone</i>	<i>Home Telephone</i>
<input type="checkbox"/> NAME ▶			
	<i>First Name</i>	<i>Middle Initial</i>	<i>Last Name</i>
<input type="checkbox"/> HEALTH PLAN ▶	<i>New Health Plan</i>	<input type="checkbox"/> Family Plan <input type="checkbox"/> Individual Plan	\$ <i>Deductible Amount</i>
<input type="checkbox"/> FEE PLAN ▶	<input type="checkbox"/> Standard Plan \$8.75 <input type="checkbox"/> Value Plan \$2.50		
	<i>Change my monthly fee plan to:</i>		
<input type="checkbox"/> DEPENDENTS ▶	<input type="checkbox"/> Add <input type="checkbox"/> Remove		
	1) _____	_____	_____
	2) _____	_____	_____
	3) _____	_____	_____
	<i>Name</i>	<i>Date of Birth</i>	<i>Relationship</i>

<b>X</b>	<b>X</b>
Account Holder Signature	Date

<i>Fax to:</i>	<i>or</i>	<i>Mail to:</i>
Toll Free 1-877-517-4729		475 - 14 <sup>TH</sup> Street, Ste.120, Oakland, CA. 94612