

**Alwaysdental Individual Dental Insurance Plan
Cypress Dental Administrators
dba Lakeshore Insurance Services**

CHANGE OF ADDRESS FORM

Please mail this form to: Cypress Dental Administrators
Attn: Billing Department
7510 Shoreline Drive, Suite A-1, Stockton, CA 95219
Or fax to: 209-478-5614
Or email to: billing@cypressadmin.com

Subscriber Name: _____
Subscriber ID # (optional): _____
Subscriber Phone #: _____

Prior Address:

Street _____
City _____
State _____
Zip _____
Phone # _____

New Address:

Street _____
City _____
State _____
Zip _____
Phone # _____
Email Address* _____

Signature: _____

Date: _____

Note: Changes to a subscriber's address will take place within 24 hours of receipt.
If moved or moving out of the State of California, please call us to discuss any impact your move may have on your dental insurance benefits.

* not required