

**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