



Surrogate/AP Contact Information Form

Please complete the appropriate boxes if your Surrogate/Administrative Proxy contact information is incorrect, has changed or is new and return it via fax at 1-800-359-2884 or mail.

Surrogate/AP Name:	Surrogate/AP Date of Birth*: ____ / ____ / ____
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***New Requirement**

Updated Surrogate/AP Information:

Phone:	Cell () Home ()	Email:

Address:

Address 1

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Address 2

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City

State

Zip Code

You may be the Surrogate/AP for more than one Consumer; please list the Consumer Number and name for each of your active Consumers below:

Consumer Number:	Consumer Name:

Check here if you are also a:

Consumer Consumer number _____

PCA PCA unique id _____

Surrogates/APs may not be added or changed using this form. Please contact your PCM Agency for appropriate forms.

Surrogate/AP Signature

Date