

Upon completion, please fax this form to Qliance Member Services at (206) 381-3035 or mail it to 2101 Fourth Avenue, Suite 600 Seattle, WA 98121.



***Qliance Medical Group of Washington
Employee Change Form***

* N/T/C	** E/S/D	Last Name	First Name	MI	DOB	Address	City	State	Zip	Effective Date

Notes:

* New member/Terminate/Change - If adding a new member, please include employer registration form.

** Employee/Spouse/Dependant