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Member Identification Card Request Form

Requester Information:

Date: _____
Requester's Name: _____ <div style="display: flex; justify-content: space-between; font-size: small; margin-top: 5px;"> Last Name First Name Initial </div>
Requester's Phone Number: _____
Reason for Request:

Subscriber Information:

Subscriber's Name: _____ <div style="display: flex; justify-content: space-between; font-size: small; margin-top: 5px;"> Last Name First Name Initial </div>	
Subscriber's Social Security Number: _____	Subscriber's Group Number: _____
Subscriber's Mailing Address: _____ <i>(Must be the same as UHA's Records)</i> <div style="display: flex; justify-content: space-between; font-size: small; margin-top: 5px;"> Street Address City State Zip </div>	
Subscriber's Phone Number: _____	

For UHA Use Only:

Date Received: _____	
Date Entered: _____	Entered By: _____
Date Shipped: _____	Shipped By: _____

Please Mail or Fax This Completed Form to:

Attention: Employer Services Department
 UHA
 700 Bishop Street, Suite 300
 Honolulu, Hawaii 96813

or

Fax: 877.222.3198