



Asuris Northwest Health
1800 Ninth Avenue
Seattle, Washington 98111

Mail form to: PO Box 1200
Portland, OR 97207

Fax form to: 1 (866) 303-5117

Authorization to Continue Coverage

Please complete this form and return to our office within 30 days if you choose to continue your coverage on the same plan.

Member Identification Number

--	--	--	--	--	--	--	--	--	--

Individual Group Identification Number

--	--	--	--	--	--	--	--	--	--

Member Name (please print) _____

Street Address _____

Check if the Billing Address is the same as the Street Address above

Billing Address _____

Plan _____

Birth Date _____

Signature _____ Date _____

