



Member ID Card Request

Complete this form and return it to Kern Legacy Health Plan to request a replacement member ID card. You will receive a temporary ID card within 3 business days and a permanent card within 10 -14 business days after the Plan receives your request. Member ID cards can only be mailed to the address that is listed in the system.

Member Name:	Date of Birth:
Member ID:	Phone:
Address:	City/Zip:

List of additional covered members needing an ID card:

1)	Member Name:	PCP:
2)	Member Name:	PCP:
3)	Member Name:	PCP:
4)	Member Name:	PCP:
5)	Member Name:	PCP:

If you are a newer member and did not select a PCP at time of enrollment, you will not receive an ID card. Complete a *PCP Change Form* which can be found on www.kernlegacyhp.com or contact Health Plan Services (661) 868-3280 options 1 then 5.

Member Signature: _____ Date: _____

Fax request to Health Plan Services at (661) 868-3295.

For Office Use Only:

Date Received (stamp):	Circle One: Share Select Network Plus
Date Request to WellDyneRX:	Employee Initial: