MEMBERSHIP ID NUMBER CHANGE REQUEST

I hereby request WellWorks to change my ID number from the last 6 of my SSN to a number I have selected.

Member Name: _____ _____
First Last

Current ID Number: ___ ___ - ___ ___ ___ ___

ID Number Requested: (Must be at least 6, up to 20 numbers. ** Numbers only**)

___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

Member Signature _____ Date: _____

Change made on _____ by _____.
Date Staff Member