**CONCORDIA-HEALTH**
MUTUAL AID REPOSITORY

1901 Pennsylvania Avenue NW
Washington, DC 20006

MEMBERSHIP & HOUSEHOLD ADMINISTRATION

FORM CH-HMF-001 / VERSION 1.0

# Household Modification Form

Declaration of Changes to Household Composition

## 01 PRIMARY MEMBER INFORMATION

FULL NAME

MEMBERSHIP / APPLICATION NUMBER (IF AVAILABLE)

DATE OF BIRTH (MM / DD / YYYY)

RESIDENTIAL ADDRESS

EMAIL ADDRESS

PHONE NUMBER

## 02 TYPE OF MODIFICATION - CHECK ALL THAT APPLY

- ☐ Addition of a household member
- ☐ Removal of a household member
- ☐ Change of status of an existing household member
- ☐ Correction of previously submitted information

## 03 HOUSEHOLD MEMBER CONCERNED

FULL NAME

RELATIONSHIP TO PRIMARY MEMBER

DATE OF BIRTH (MM / DD / YYYY)

PREVIOUS STATUS (IF APPLICABLE)

NEW STATUS (IF APPLICABLE)

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## 04 EFFECTIVE DATE OF THE MODIFICATION

EFFECTIVE DATE OF CHANGE (MM / DD / YYYY)

Example: For a birth that occurred on January 1, 2026, enter 01/01/2026.
For a marriage or household change effective today, enter today's date.

The effective date is subject to administrative review and approval by Concordia-Health.
**Changes do not take effect until officially confirmed.**

## 05 REASON FOR THE MODIFICATION

☐ Marriage ☐ Birth ☐ Court order or legal decision

MARRIAGE DATE (MM / DD / YYYY)

BIRTH DATE (MM / DD / YYYY)

COURT ORDER DATE (MM / DD / YYYY)

☐ Change in household residence ☐ Loss of dependent status

☐ Other reason (please specify)

OTHER REASON / DETAILS

## 06 SUPPORTING DOCUMENTATION

Please attach any relevant supporting documentation related to this modification
(e.g., marriage certificate, birth certificate, court order, sworn declaration).
Submission of supporting documentation may be required for administrative verification.

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## 07 DECLARATION AND SIGNATURE

I hereby certify that the information provided in this form is true, complete, and accurate to the best of my knowledge. I understand that providing false or misleading information may result in administrative action, including the denial or modification of administrative registry access and discretionary allocations.

SIGNATURE OF PRIMARY MEMBER

PRINTED NAME

DATE (MM / DD / YYYY)

## 08 PRIVACY NOTICE

Concordia-Health processes personal data in accordance with applicable United States privacy laws. Individuals may request access to, correction of, or information regarding the processing of their personal data through the official Concordia-Health Contact page.

**End of Form - CH-HMF-001 (v1.0)**