



Parent/Guardian Information Form

Purpose: When a minor has a child-only PacificSource policy purchased from the state health insurance exchange, PacificSource needs parent/guardian information on file for communication and billing purposes. Please provide the following information.

Member name _____ Member ID _____

Name of responsible party _____

Relationship to member Parent Legal guardian

Mailing address _____

City _____ State _____ ZIP _____

Primary phone _____ Secondary phone _____

Email _____

Please return this completed form to PacificSource by fax: (541) 225-3646; **email:** Individual@pacificsource.com, or **mail:** PO Box 7068, Springfield, OR 97475