

**GTB Purchased/Referred Care
No Change Form**

**Grand Traverse Band of
Ottawa and Chippewa Indians**

2605 N. West Bay Shore Drive
Peshawbestown, MI 49682
(231) 534-7884 or (231) 534-7210



PRIMARY TRIBAL MEMBER INFORMATION

Last Name _____ First Name _____ Middle _____

Social Security Number _____ Date of Birth _____ Tribal Enrollment # _____

Physical Address _____ City: _____ State: _____ Zip _____ Phone

Number: _____ Sex: Male _____ Female _____

Dependents & Birthdates:

I certify that all statements are true and complete to the best of my knowledge. And there is no changes in my address or insurance coverage for myself or my family

***Signature of Tribal Member _____ Date _____

PRC Member ID: _____ **Effective Date:** _____ **FY** _____ **HRN#** _____

