UPDATE YOUR CONTACT INFO

*To receive important notices about your **HEALTH COVERAGE***

1 **Log in to** your **MyACCESS Account**...

2 **Click** the **"Report My Changes" button**...

3 **Check the box for** Address, Email, or Phone Number **changes**...

4 **Enter** your **information** and **follow prompts** to **finish** and **submit**.

FLORIDA DEPARTMENT OF CHILDREN AND FAMILIES