

COMPOSITE HEALTH CARE SYSTEM (CHCS) UPDATE FORM

(This form is subject to Privacy Act of 1974 - use Blanket PAS DD Form 2005)

THIS FORM IS TO UPDATE YOUR ADDRESS, TELEPHONE NUMBER AND UNIT IN THE COMPOSITE HEALTH CARE SYSTEM (CHCS). THIS INFORMATION IS USED TO NOTIFY YOU OF APPOINTMENT CHANGES OR IN CASE OF AN EMERGENCY. RETURN THIS FORM TO THE MEDICAL RECORDS COUNTER UPON COMPLETION.

SPONSOR'S NAME (Last, First, Middle Initial)		SPONSOR'S SSN
SPONSOR'S UNIT (Ex: 17th TRW, 315 TRS, 312 TRS, etc.)		NEW DUTY NUMBER
NEW ADDRESS (Include Street, Apt #, City, State, and ZIP)		
NEW PHONE NUMBER (Include Area Code)	EMERGENCY CONTACT PHONE NUMBER (Include Area Code)	

FAMILY MEMBERS TO UPDATE

(Use reverse if additional space is required)

NAME (Last, First, Middle Initial)
NAME (Last, First, Middle Initial)
NAME (Last, First, Middle Initial)
NAME (Last, First, Middle Initial)
NAME (Last, First, Middle Initial)
NAME (Last, First, Middle Initial)
NAME (Last, First, Middle Initial)

THANK YOU FOR HELPING US TAKE CARE OF YOU

Don't forget to update your DEERS file at the Military Personnel Flight

GOODFELLOW AFB FORM 38, JUN 98 (17 MDG/SG) (IMT-V1)

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About the ITAOP/savePDF Method

The traditional Field-by-Field creation process is extremely ineffective and slow.

The only realistic option to create high-quality forms is the Insert-Text-Anywhere-on-Page (ITAOP) method.

The field creation process is about 10,000 times faster than the traditional method; the list of ITAOP features is not even available for the traditional method.

ITAOP savePDF method proved to be very simple and completely reliable for millions of users all over the world (incl. individuals, companies, organizations, government employees).