

ADDRESS UPDATE/CORRECTION FORM

DATE:				-
ENROLLEE INFORMATION (Please print)				
NAME:	DATE OF BIRTH:			
NEW ADDRESS (Please print)				
STREET:			Mbris	
CITY:	STATE:		_ZIP:	
PHONE:			· · · · · · · · · · · · · · · · · · ·	
EMPLOYER INFORMATION (Please print)				
BENEFITS ADMINISTRATOR:				
EMPLOYER NAME:				
EMPLOYER PHONE NUMBER:				
Because all correspondence to New Ham HealthTrust) members is based on the inform correct mailing addresses.				
Please Note: If you are using CVS/Carema correct your prescription drug order address or visiting www.caremark.com and entering	ss directly wit	th CVS/Ca	remark by calling	
Please submit this form to LGC using one of	the following	g method	łs:	

Mail: Local Government Center, PO Box 617, Concord, NH 03302-0617

Email: enrolleeservices@nhlgc.org

603.226.2988

Fax: