HealthTrust

INFORMATION UPDATE/CORRECTION FORM

PLEASE PRINT

DATE: _____

ENROLLEE INFORMATION:

NAME: _____ DATE OF BIRTH: _____

SIGNATURE: _____

❑ Check here if you are a participant in a Flexible Spending Account (FSA) plan offered through HealthTrust.

ACTION REQUESTED:

❑ **Change/Update Address**	**New Address:** Street: _____ City: _____ State: _____ Zip: _____ Phone:(____)_____ Email: _____
❑ **Correct DOB**	**Name of Individual:** _____ Relationship to Enrollee: ❑ Self ❑ Spouse ❑ Child Correct DOB: _____/_____/_____
❑ **Correct Name Spelling**	**Incorrect Spelling:** _____ Relationship to Enrollee: ❑ Self ❑ Spouse ❑ Child Correct Spelling: _____
❑ **Change Name***	**Name of Individual:** _____ Relationship to Enrollee: ❑ Self ❑ Spouse ❑ Child New Name: _____ Reason for Name Change: ❑ Marriage ❑ Divorce ❑ Other _____ *Please Explain*

*HealthTrust may request additional documentation.

EMPLOYER INFORMATION:

BENEFITS ADMINISTRATOR: _____ EMPLOYER NAME: _____

SIGNATURE: _____ PHONE NUMBER: _____

Please Note: If you are using CVS/caremark's mail service program, you will need to update/correct your prescription drug mail order address directly with CVS/caremark by calling **888.726.1631** or visiting ***www.caremark.com*** and entering your login ID and password.

Please submit this form to HealthTrust using one of the following methods.

Mail: HealthTrust, PO Box 617, Concord, NH 03302-0617
Email: enrolleeservices@healthtrustnh.org
Fax: 603.226.2988