



ADDRESS UPDATE/CORRECTION FORM

DATE: _____

ENROLLEE INFORMATION *(Please print)*

NAME: _____ DATE OF BIRTH: _____

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

NEW ADDRESS *(Please print)*

STREET: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____

EMAIL: _____

EMPLOYER INFORMATION *(Please print)*

BENEFITS ADMINISTRATOR: _____ DENISE MCLENON

EMPLOYER NAME: _____ CONVAL SCHOOL DISTRICT, SAU#1

EMPLOYER PHONE NUMBER: _____ 603-924-3336 ext. 2033

Because all correspondence to HealthTrust enrollees is based on the information we have on file, it is important that we maintain correct mailing addresses.

Please Note: If you are using CVS/Caremark's mail service program, you will need to update/correct your prescription drug 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