



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:

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

*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