



**Local Government Center**

# ADDRESS UPDATE/CORRECTION FORM

DATE: \_\_\_\_\_

**ENROLLEE INFORMATION** *(Please print)*

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

**NEW ADDRESS** *(Please print)*

STREET: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

**EMPLOYER INFORMATION** *(Please print)*

BENEFITS ADMINISTRATOR: \_\_\_\_\_

EMPLOYER NAME: \_\_\_\_\_

EMPLOYER PHONE NUMBER: \_\_\_\_\_

Because all correspondence to New Hampshire Local Government Center HealthTrust (LGC HealthTrust) members 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](http://www.caremark.com)** and entering your Login ID and Password.

Please submit this form to LGC using one of the following methods:

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

**Email:** [enrolleeservices@nhlgc.org](mailto:enrolleeservices@nhlgc.org)

**Fax:** 603.226.2988