New Hampshire Retirement System
54 Regional Drive, Concord, NH 03301
Phone: (603) 410-3500 - Fax: (603) 410-3501
Website: www.nhrs.org - Email: info@nhrs.org

PERSONAL INFORMATION CHANGE FORM

Please Complete the Applicable Areas:

SECTION I – CHANGE OF ADDRESS	
Name (if retired, as it appears on check or non-negotiable)	Social Security Number (last four digits)
Are you currently receiving an NHRS monthly benefit? ☐ Yes ☐ No	Employer's Name (if you are currently employed)
Old Address	New Address
City, State, Zip	City, State, Zip
Old Telephone	New Telephone
Old Email Address	New Email Address
For Email changes: ☐ Also update this address for *NHRS Email Updates* ☐ Sign me up for *NHRS Email Updates* Note: *My Account* users must log in to their personal account and manually change their email address for account authentication purposes.	

SECTION II – CHANGE OF NAME	
Please provide proof of name change (marriage certificate, legal document, etc.)	
Former Name	
Current Name	Effective Date

SECTION III – SIGNATURE	
Please provide your signature to authorize the requested change.	
Printed Name	
Signature	Date

SECTION IV – FOR OFFICE USE ONLY	
ANNUITANT	**ACTIVE**
Retirement #	By
Employer #	Date
By	
Date	

HealthTrust

INFORMATION UPDATE/CORRECTION FORM

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*
☐ **Gender Change**	**Name of Individual:** _____ Relationship to Enrollee: ☐ Self ☐ Spouse ☐ Child Gender Change: From: ☐ Male ☐ Female To: ☐ Male ☐ Female

*HealthTrust may request additional documentation.

EMPLOYER INFORMATION:

BENEFITS ADMINISTRATOR: _____ GROUP 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
Secure Enrollee Portal (SEP) Message Center:
Log in to your SEP account and click Message Center.