Maine Municipal
Employees Health Trust
60 COMMUNITY DRIVE
AUGUSTA, MAINE 04330-9486
www.mmeht.org
Fax 207-624-0166

MMEHT OFFICE USE ONLY
Subgroup No.
Effective Date:
Entered by:

CHANGE OF ADDRESS

Completion of this form will change the address on ALL policies in which the member is enrolled.

EMPLOYER SECTION	Employer		Date of Employment	Hours worked per week
EMPLOYEE INFO	Employee Name		Social Security Number	
OLD ADDRESS & TELEPHONE	Mailing Address		Telephone 1	
	Town	State / Zip	Telephone 2	
NEW ADDRESS & TELEPHONE	Mailing Address		Telephone 1	
	Town	State / Zip	Telephone 2	
EFFECTIVE DATE OF CHANGE				
SIGNATURE	I am requesting that the Health Trust change my address as shown above. All statements and answers I have given are true and complete. I understand it is a crime to knowingly provide false, incomplete or misleading information to obtain insurance or benefits coverage for the purpose of defrauding the plan or insurance carrier. Penalties may include imprisonment, fines or denial of insurance benefits. I understand all benefits are subject to conditions stated in the Plan Document.			
	Employee's Signature: _____		Date: _____	

Please return the completed form to:

MMEHT
60 Community Drive
Augusta, ME 04330
Attention: Billing & Enrollment

Fax: (207) 624-0166

For questions, please call the Health Trust at 207-621-2645 or (within Maine) 800-852-8300.

Return Original form to MMEHT. Please make a copy to retain for your records.