



# MAINE MUNICIPAL EMPLOYEES HEALTH TRUST

60 Community Drive | Augusta, ME 04330-9486  
(207) 621-2645 or 1-800-852-8300 | www.mmeht.org

<b>MMEHT OFFICE USE ONLY</b>
Subgroup No.
Effective Date:
Entered by:

## ADDRESS CHANGE FORM PLEASE PRINT

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

<b>EMPLOYER SECTION</b>	Employer	Date of Employment	Hours worked per week
<b>EMPLOYEE INFO</b>	Employee Legal Name	SSN – Last four digits	
<b>OLD ADDRESS &amp; TELEPHONE</b>	Mailing Address	Home Phone	Cell Phone
	Town State Zip	Work Phone	
<b>NEW ADDRESS &amp; TELEPHONE</b>	Mailing Address	Home Phone	Cell Phone
	Town State Zip	Work Phone	
<b>EFFECTIVE DATE OF CHANGE</b>			
<b>SIGNATURE</b>	<p>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.</p> <p>Employee's Signature: _____ Date: _____</p>		

Email completed form to [htbilling@memun.org](mailto:htbilling@memun.org) or fax (207) 624-0166  
For questions, please call the Billing & Enrollment Dept. at 207-621-2645 or (within Maine) 800-452-8786 EXT. 2585

or Mail to:  
MMEHT  
ATTN: Billing and Enrollment  
60 Community Drive  
Augusta, ME 04330

**PLEASE RETAIN A COPY FOR YOUR RECORDS**