



PO Box 4090
 CONCORD, NH 03302
 Email: enrollments@nhitrust.org
 PHONE: 888.960.6448
 FAX: 800.229.6902

Member Address/Phone Change Form

Employer Group:		
Subscriber Name:		
Address:		
City:	State:	Zip Code:
Phone Number: () -		
Employee Signature:		Date:

*Please allow a minimum of five (5) business days for processing.
 Membership changes may not reflect on member invoice immediately.*