



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

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

## CHANGE OF ADDRESS

<b>Completion of this form will change the address on ALL policies in which the member is enrolled.</b>		
<b>EMPLOYER SECTION</b>	Employer _____	
<b>EMPLOYEE INFO</b>	Employee Legal Name _____	SSN- Last four digits ____ _
	<b>OLD ADDRESS &amp; TELEPHONE</b>	Telephone 1 _____
	Town _____ State _____ Zip _____	Telephone 2 _____
<b>NEW ADDRESS &amp; TELEPHONE</b>	Mailing Address _____	Telephone 1 _____
	Town _____ State _____ Zip _____	Telephone 2 _____
<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>	

**Please Return Completed Form to:**

[htbilling@memun.org](mailto:htbilling@memun.org) or fax (207) 624-0166

or mail to:

Maine Municipal Employees Health Trust  
60 Community Drive  
Augusta, Maine 04330

For questions, please call the Billing & Enrollment Dept. at 207-621-2645 or (within Maine) 800-452-8786 EXT. 2585