



PO Box 4090
CONCORD, NH 03302
PHONE: (800) 856-6372
FAX: (603) 223-6902

Member Address/Phone Change Form

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

PLEASE RETURN COMPLETED FORM TO PAULA BAUMOEL/PERSONNEL DIVISION

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