NEW HAMPSHIRE INTERLOCAL TRUST

PO Box 4090
Concord, NH 03302
888-960-6448

Please Mail or Fax to 603-223-6902

NOTICE OF MEMBERSHIP CHANGES

Group Name: _____ Terminated: ☐ Voluntarily ☐ Involuntarily

KEY (See Below)	SOCIAL SECURITY NUMBER	SUBSCRIBER NAME (Last Name, First)	EFFECTIVE DATE	TYPE	ACTION/COMMENT	GROUP/DIVISION NUMBER	COBRA ELIGIBLE (Y/N)	FSA CONTRIBUTION TO DATE

Notice Prepared By:

_____
Authorized Benefit Administrator's Signature

_____
Date Telephone #

Key		Type
1. Termination - Employment	8. Dependent No Longer Eligible	1- Single
2. Death	9. Moved out of Area	2 - Two Person
3. Divorce	10. Plan Change	2S – EE+Spouse
4. Layoff w/o Benefits	11. Voluntary Withdrawal	2C – EE+Child
5. Leave w/o Benefits	12. Move to Other HP Plan	3 - Family
6. Retirement	13. Not Eligible	
7. COBRA Termination		

Revised 01-2013