

Log into your Emeriti RHSP online account at **MyEmeritiHealth.org** and upload using the Secure Message Center to submit your account change or mail to: **Emeriti RHSP, PO Box Box 4391 Clinton, IA 52733-4391.**



NOTE: Name changes must be submitted using this form.

1 Update Participant Information

I want to update my:	Contact Information	Name
<hr/>		
Account Number or SSN:		Date of Birth:
Name:		
Mailing Address:		
City:	State:	Zip Code:
Phone Number:	Email Address:	

2 Add or Remove Covered Individual

Your spouse and dependent(s) are eligible for coverage under this Plan. Federal law requires us to have on file the full name, Social Security number, and date of birth of all covered individuals. Use another form or list any additional dependents on an attached sheet of paper.

Add: Remove:	First Name:	Last Name:	Date of Birth (mm/dd/yyyy):	Social Security Number:
	Spouse or Domestic Partner*			
	Child/Dependent 1:			
	Child/Dependent 2			
	Child/Dependent 3			

* Your ability to add a domestic partner as a Covered Individual depends on the terms and conditions of your employer's RHSP plan. To add a domestic partner, you must complete and submit a Domestic Partner form, which is available under the **Resources** tab on your online portal account at **MyEmeritiHealth.org**.

3 Certifications (Read before submitting)

By completing and submitting this form:

1. You agree to the Terms and Conditions of your employer's RHSP plan, as amended from time to time, which can be found in the Summary Plan Description. To get a current copy of the Summary Plan Description, log into your account at **MyEmeritiHealth.org** and click **Resources** on the menu bar.
2. I certify that the covered individual I am adding meets all eligibility requirements for the Plan.