



Please sign, then fax or mail this form to Employee Benefits Corporation

Enter your Employee Benefits Corporation Group ID Number and Name:

Group ID Number Name

Change Company Name:

Current Company Name
New Company Name Effective Date of change (mm/dd/yyyy)

Federal regulations require that, if there is a change in an employer's Federal Employer Identification Number (FEIN), a Certificate of Resolutions be completed. For more information on this, contact your Client Liaison.

Change Company Address:

Current Address New Address
Current City/State/Zip New City/State/Zip
Effective Date of change (mm/dd/yyyy)

Change a contact:

Replace current: Executive Contact Administrative Contact Privacy Officer
PHI user Not PHI user This contact is ALWAYS a PHI* user. This contact is ALWAYS a PHI* user.

All reports and correspondence from Employee Benefits Corporation will be sent to the administrative contact. This is the main point of contact for the employer.

Name
With new: New Name
Address City/State/Zip
Phone (123-456-7890) Extension (12345) Fax (123-456-7890)
E-mail Address Effective Date of change (mm/dd/yyyy)

* PHI User Protected Health Information users have access to, may receive and give specific information on a participant level including but not limited to reimbursement amounts, elections, Social Security Numbers and other Plan information.

Add the following PHI users:

Name Title
Phone (123-456-7890) Extension (12345) Fax (123-456-7890)
E-mail Address
Name Title
Phone (123-456-7890) Extension (12345) Fax (123-456-7890)
E-mail Address

Delete the following PHI user:

Name Title
Phone (123-456-7890) Extension (12345) Fax (123-456-7890)
E-mail Address Effective Date of change (mm/dd/yyyy)

Authorize changes:

I, the undersigned, authorize Employee Benefits Corporation to make the changes indicated above. I understand that any changes are subject to review by Employee Benefits Corporation.

Name Title
Signature Date (mm/dd/yyyy)

Update Contacts Form

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EBC Only

EBC Group ID Number

EBC Specialist

Processed Date

Web Address: www.ebcflx.com

U.S. Mail: Employee Benefits Corporation PO Box 44347 Madison WI 53744-4347

Phone: Monday - Friday, 8:00 - 5:00 CST 608 831 8445 800 346 2126

Fax: 608 831 4790

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