

Update Contacts Form

Fax to: 608 831 4790
 Mail to: Employee Benefits Corporation, PO Box 44347, Madison WI 53744-4347
 Phone support: 800 346 2126 | 608 831 8445
 E-mail support: employerservices@ebcflex.com

Organization Information

Legal Name of Organization

Federal Employer ID Number (FEIN) (xx-xxxxxx)

Change Primary Contact Information

Current Primary Contact: Last Name

First Name

Title

Make the Primary Contact the Secondary Contact

Make the Primary Contact an Other contact

Remove the current Primary Contact

Make this contact the Privacy Officer

This Contact will now receive the following:

Fee Invoices

Funding Invoices

Legislative Updates

Newsletter

cc of Fee Invoices

cc of Funding Invoices

Changing the status or removing the Primary Contact requires that a new Primary Contact be added.

New Primary Contact: Last Name

First Name

Title

The Primary Contact is the day-to-day contact for the Plan and is a Protected Health Information (PHI) User

Phone (xxx-xxx-xxxx)

Extension

Fax (xxx-xxx-xxxx)

E-mail address (required; all plan correspondence will be sent via e-mail)

Make this new contact the Privacy Officer

The New Primary Contact will receive the following:

Fee Invoices

Funding Invoices

Legislative Updates

Newsletter

cc of Fee Invoices

cc of Funding Invoices

We will use the Primary Contact as the Agent Of Process unless a title or department is indicated in the space to the right. The Agent for Service of Process is a legal representative of the employer who would receive any notifications, such as a summons, in the event legal action must be taken with regards to the Plan.

Title or Department

Change Secondary Contact Information – The Secondary Contact is the backup contact in the absence of the Primary Contact and is a Protected Health Information (PHI) User

Current Secondary Contact: Last Name

First Name

Title

Make the Secondary Contact the Primary Contact

Make the Secondary Contact an Other contact

Remove the current Secondary Contact

Make this contact the Privacy Officer

This Contact will now receive the following:

Fee Invoices

Funding Invoices

Legislative Updates

Newsletter

cc of Fee Invoices

cc of Funding Invoices

New Secondary Contact: Last Name

First Name

Title

The Secondary Contact is the backup contact in the absence of the Primary Contact and is a Protected Health Information (PHI) User

Phone (xxx-xxx-xxxx)

Extension

Fax (xxx-xxx-xxxx)

E-mail address (required; all plan correspondence will be sent via e-mail)

Make this new contact the Privacy Officer

The New Secondary Contact will receive the following:

Fee Invoices

Funding Invoices

Legislative Updates

Newsletter

cc of Fee Invoices

cc of Funding Invoices

 **Change Other Contacts Information**

Other Contact 1: Last Name	First Name	Title			
<input type="button" value="Remove this Contact"/>	<input type="button" value="Add this Contact (please complete additional fields below)"/>	<input type="button" value="Make this contact the Privacy Officer (always a PHI user)"/>	<input type="button" value="PHI user"/>		
Phone (xxx-xxx-xxxx)	Extension	Fax (xxx-xxx-xxxx)			
E-mail address (required; all plan correspondence will be sent via e-mail)					
The New Contact will receive the following:					
<input type="checkbox"/> Fee Invoices	<input type="checkbox"/> Funding Invoices	<input type="checkbox"/> Legislative Updates	<input type="checkbox"/> Newsletter	<input type="checkbox"/> cc of Fee Invoices	<input type="checkbox"/> cc of Funding Invoices

Other Contact 2: Last Name	First Name	Title			
<input type="button" value="Remove this Contact"/>	<input type="button" value="Add this Contact (please complete additional fields below)"/>	<input type="button" value="Make this contact the Privacy Officer (always a PHI user)"/>	<input type="button" value="PHI user"/>		
Phone (xxx-xxx-xxxx)	Extension	Fax (xxx-xxx-xxxx)			
E-mail address (required; all plan correspondence will be sent via e-mail)					
The New Contact will receive the following:					
<input type="checkbox"/> Fee Invoices	<input type="checkbox"/> Funding Invoices	<input type="checkbox"/> Legislative Updates	<input type="checkbox"/> Newsletter	<input type="checkbox"/> cc of Fee Invoices	<input type="checkbox"/> cc of Funding Invoices

Other Contact 3: Last Name	First Name	Title			
<input type="button" value="Remove this Contact"/>	<input type="button" value="Add this Contact (please complete additional fields below)"/>	<input type="button" value="Make this contact the Privacy Officer (always a PHI user)"/>	<input type="button" value="PHI user"/>		
Phone (xxx-xxx-xxxx)	Extension	Fax (xxx-xxx-xxxx)			
E-mail address (required; all plan correspondence will be sent via e-mail)					
The New Contact will receive the following:					
<input type="checkbox"/> Fee Invoices	<input type="checkbox"/> Funding Invoices	<input type="checkbox"/> Legislative Updates	<input type="checkbox"/> Newsletter	<input type="checkbox"/> cc of Fee Invoices	<input type="checkbox"/> cc of Funding Invoices

 **Signature**

X	
Employer: Signature	Date (mm-dd-yyyy)
Print Name	Title