

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
Email support: employerservices@ebcflex.com

Organization Information:

Legal Name of Company

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

Change Primary Contact Information: The Primary Contact is the day-to-day contact for the Plan and will have access to personal information and Protected Health Information (PHI) of participants when applicable.

Important Notes

- There may only be one Primary Contact per organization.
- The Primary Contact will be designated as the Privacy Officer unless someone else is entered as the Privacy Officer on page 2 of this form.
- If you are adding a new Primary Contact for your organization, the existing Primary Contact will be deactivated unless their contact information is entered in another role, such as Secondary Contact, Privacy Officer, or Additional Contact.

Add New Contact (Current Primary Contact will be deactivated unless entered in another role below)

Update Current Contact's Information

Last Name

First Name

Title

Phone (xxx-xxx-xxxx)

Extension

Mobile Number (xxx-xxx-xxxx)

Email (required; all plan correspondence will be sent via email)

Invoice Notifications for Primary Contact

Primary Fee Invoice Recipient (one per account)

Primary Funding Invoice Recipient (one per account)

Copied on Fee Invoice Notifications

Copied on Funding Invoice Notifications

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 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 will have access to personal information and Protected Health Information (PHI) of participants when applicable.

Important Notes

- There may only be one Secondary Contact per organization.
- If you are adding a new Secondary Contact for your organization, the existing Secondary Contact will be deactivated unless you enter their contact information in another role, such as Primary Contact, Privacy Officer or Additional Contact.

Add New Contact (Current Secondary Contact will be deactivated unless entered in another role below)

Update Current Contact's Information

Last Name

First Name

Title

Phone (xxx-xxx-xxxx)

Extension

Mobile Number (xxx-xxx-xxxx)

Email (required; all plan correspondence will be sent via email)

Invoice Notifications for Secondary Contact

Primary Fee Invoice Recipient (one per account)

Primary Funding Invoice Recipient (one per account)

Copied on Fee Invoice Notifications

Copied on Funding Invoice Notifications

Privacy Officer Change: Complete this section if someone other than the Primary Contact should be the Plan's designated Privacy Officer.

Important Notes

- There may only be one Privacy Officer per organization.
- The Privacy Officer will have access to personal information and Protected Health Information (PHI) of participants when applicable.

Add New Contact

Update Current Contact's Information

Add New Contact and Deactivate Current Contact

Last Name

First Name

Title

Phone (xxx-xxx-xxxx)

Extension

Mobile Number (xxx-xxx-xxxx)

Email (required; all plan correspondence will be sent via email)

Invoice Notifications for Privacy Officer

Primary Fee Invoice Recipient (one per account)

Primary Funding Invoice Recipient (one per account)

Copied on Fee Invoice Notifications

Copied on Funding Invoice Notifications

Additional Contacts: Use this section to: Change the role of an existing Primary Contact, Secondary Contact, or Privacy Officer, Broker, or Account Manager; add a new contact; or remove an existing contact.

Important Notes

- Individuals listed as Additional Contacts will be granted access to your employer online account and will be able to contact EBC about your plan(s).
- Additional contacts will be granted access to Protected Health Information (PHI) of participants when applicable unless otherwise noted.

Additional Contact

Add

Remove

Update Contact's Information

Contact Type:

Employer

Broker

Last Name

First Name

Title

Phone (xxx-xxx-xxxx)

Extension

Mobile Number (xxx-xxx-xxxx)

Email (required; all plan correspondence will be sent via email)

Invoice Notifications for Additional Contact

Primary Fee Invoice Recipient (one per account)

Primary Funding Invoice Recipient (one per account)

Copied on Fee Invoice Notifications

Copied on Funding Invoice Notifications

PHI Access

Allow access to personal information/PHI of participants. If this box is checked for a person not employed by Employer, Employer acknowledges its health plan(s) has a Business Associate Agreement (BAA) in place with the person or their employer.

Additional Contact

Add

Remove

Update Contact's Information

Contact Type:

Employer

Broker

Last Name

First Name

Title

Phone (xxx-xxx-xxxx)

Extension

Mobile Number (xxx-xxx-xxxx)

Email (required; all plan correspondence will be sent via email)

Invoice Notifications for Additional Contact

Primary Fee Invoice Recipient (one per account)

Primary Funding Invoice Recipient (one per account)

Copied on Fee Invoice Notifications

Copied on Funding Invoice Notifications

PHI Access

Allow access to personal information/PHI of participants. If this box is checked for a person not employed by Employer, Employer acknowledges its health plan(s) has a Business Associate Agreement (BAA) in place with the person or their employer.

Additional Contact	Add	Remove	Update Contact's Information	Contact Type:	Employer	Broker
Last Name	First Name		Title			
Phone (xxx-xxx-xxxx)	Extension		Mobile Number (xxx-xxx-xxxx)			
Email (required; all plan correspondence will be sent via email)						

Invoice Notifications for Additional Contact

Primary Fee Invoice Recipient (one per account)	Primary Funding Invoice Recipient (one per account)
Copied on Fee Invoice Notifications	Copied on Funding Invoice Notifications

PHI Access

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Additional Contact	Add	Remove	Update Contact's Information	Contact Type:	Employer	Broker
Last Name	First Name		Title			
Phone (xxx-xxx-xxxx)	Extension		Mobile Number (xxx-xxx-xxxx)			
Email (required; all plan correspondence will be sent via email)						

Invoice Notifications for Additional Contact

Primary Fee Invoice Recipient (one per account)	Primary Funding Invoice Recipient (one per account)
Copied on Fee Invoice Notifications	Copied on Funding Invoice Notifications

PHI Access

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Additional Contact	Add	Remove	Update Contact's Information	Contact Type:	Employer	Broker
Last Name	First Name		Title			
Phone (xxx-xxx-xxxx)	Extension		Mobile Number (xxx-xxx-xxxx)			
Email (required; all plan correspondence will be sent via email)						

Invoice Notifications for Additional Contact

Primary Fee Invoice Recipient (one per account)	Primary Funding Invoice Recipient (one per account)
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PHI Access

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Signature

I certify that I am an employee of Employer and am authorized to complete this document. My typed name serves as verification of this authority.

Type Name as Signature

Date (mm-dd-yyyy)

Title