

Change of Contact Information

Use this form to record any changes in address, telephone numbers, or e-mail address.

- If you are a member changing contact information, please complete Sections A, C, and D.*
- If you are an employer changing contact information, please complete Sections B, C, and E.*

*Your signature is required in order to process this form. (Section D for a member changing contact information, Section E for an employer changing contact information.)

PLEASE PRINT OR TYPE ALL INFORMATION IN BLUE OR BLACK INK

A	Member Information
Member Name (Last, First, Middle Initial) _____ Social Security Number _____	
B	Employer Information
Employer Name _____ Concordia Plan Services Employer Account Number _____	
C	Contact Information
Please record any changes in address, telephone numbers, and/or e-mail address in the space designated below.	
Address Effective Date: _____ MM/DD/YYYY	
Address _____	
City _____ State _____ Zip Code _____	
Telephone Number(s) Effective Date: _____ MM/DD/YYYY	
Home Phone _____ Cell Phone _____	
Email Address Effective Date: _____ MM/DD/YYYY	
Email Address _____	
D	Member Signature
X _____ Signature of Member _____ Date _____	
E	Employer Representative Signature
X _____ Signature of Authorized Employer Representative _____ Date _____	
Printed Name of Authorized Employer Representative _____ Title or Office Held _____	
Submit this form to: Concordia Plan Services Mail: P.O. Box 229007 • St. Louis, MO 63122-9007 • Fax: 314-996-1127	