

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	