

# Contact information change form



This form is for updating contact information, like your mailing address, telephone number, and email address.

## 1. Primary beneficiary information

Primary qualified beneficiary name (first, MI, last) \_\_\_\_\_

Social Security number \_\_\_\_\_ Previous employer (do not abbreviate) \_\_\_\_\_

Street address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email address \_\_\_\_\_

## 2. Primary beneficiary certification

I understand submission of this form is to update my contact information. I understand that if I update my mailing address, all future notices will be sent to the address above until I notify PacificSource Administrators, Inc. of any changes in writing.

Primary qualified beneficiary signature \_\_\_\_\_ Date \_\_\_\_\_

**Please send this form to PacificSource Administrators and retain a copy for your records.**

- [COBRA@PacificSource.com](mailto:COBRA@PacificSource.com)
- Mail to PSA, PO Box 71096, Springfield OR 97475
- Fax: **541-225-3684**

**Questions?** Email us or call **877-355-2760**, TTY: 711. We accept all relay calls.