

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
- 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.