



EMPLOYER CONTACT CHANGE FORM

Submit this completed form via one of the following methods:	Support Request	Fax	Mail
	Sign in at cdaclient.basiconline.com and submit via support request	608-245-3623	BASIC, PO Box 7308 Madison, WI 53707-7308

EMPLOYER INFORMATION

Employer Name	Employer ID (12-digit)
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CONTACT CHANGE INFORMATION

Add New Contact 1

Contact Name				
Contact Email Address				
Contact Phone				
Contact Type	<input type="radio"/> Client	<input type="radio"/> Distributor	<input type="radio"/> Payee	<input type="radio"/> Vendor
Position	<input type="radio"/> Owner/Officer <input type="radio"/> Other	<input type="radio"/> Executive	<input type="radio"/> Director	<input type="radio"/> Manager
User Access Role(s)	<input type="checkbox"/> Administrator <input type="checkbox"/> File Specialist	<input type="checkbox"/> Benefit Plan Manager <input type="checkbox"/> Financial Manager	<input type="checkbox"/> Billing Manager <input type="checkbox"/> Reports Manager	<input type="checkbox"/> Employee Manager <input type="checkbox"/> Reviewer
Business Function (Optional)	<input type="checkbox"/> Accounting <input type="checkbox"/> Files <input type="checkbox"/> Operations	<input type="checkbox"/> Auditor <input type="checkbox"/> Finance <input type="checkbox"/> Technology	<input type="checkbox"/> Billing <input type="checkbox"/> HR	<input type="checkbox"/> Contract Administrator <input type="checkbox"/> Marketing
Make this contact the primary contact? <i>If Yes, that designation will be removed from your current primary contact. If you also need to deactivate your current primary contact, complete the Deactivate Existing Contact section.</i>				<input type="radio"/> Yes <input type="radio"/> No
Allow online access?				<input type="radio"/> Yes <input type="radio"/> No
Allow access to external Compliance Management portals?				<input type="checkbox"/> ACA <input type="checkbox"/> FMLA

Add New Contact 2

Contact Name				
Contact Email Address				
Contact Phone				
Contact Type	<input type="radio"/> Client	<input type="radio"/> Distributor	<input type="radio"/> Payee	<input type="radio"/> Vendor
Position	<input type="radio"/> Owner/Officer <input type="radio"/> Other	<input type="radio"/> Executive	<input type="radio"/> Director	<input type="radio"/> Manager
User Access Role(s)	<input type="checkbox"/> Administrator <input type="checkbox"/> File Specialist	<input type="checkbox"/> Benefit Plan Manager <input type="checkbox"/> Financial Manager	<input type="checkbox"/> Billing Manager <input type="checkbox"/> Reports Manager	<input type="checkbox"/> Employee Manager <input type="checkbox"/> Reviewer
Business Function (Optional)	<input type="checkbox"/> Accounting <input type="checkbox"/> Files <input type="checkbox"/> Operations	<input type="checkbox"/> Auditor <input type="checkbox"/> Finance <input type="checkbox"/> Technology	<input type="checkbox"/> Billing <input type="checkbox"/> HR	<input type="checkbox"/> Contract Administrator <input type="checkbox"/> Marketing
Allow online access?				<input type="radio"/> Yes <input type="radio"/> No
Allow access to external Compliance Management portals?				<input type="checkbox"/> ACA <input type="checkbox"/> FMLA

COMPLETE AUTHORIZATION SECTION ON PAGE 2



EMPLOYER CONTACT CHANGE FORM

Update Existing Contact 1

Existing Contact Name					Existing Contact Email		
Change Name	New:						
Change Email	New:						
Change Phone	New:						
Change Contact Type	<input type="radio"/> Client	<input type="radio"/> Distributor	<input type="radio"/> Payee	<input type="radio"/> Vendor			
Change Position	<input type="radio"/> Owner/Officer	<input type="radio"/> Executive	<input type="radio"/> Director	<input type="radio"/> Manager	<input type="radio"/> Other		
Add/Remove User Access Role(s)	Administrator	<input type="checkbox"/> Add	<input type="checkbox"/> Remove	Benefit Plan Manager	<input type="checkbox"/> Add	<input type="checkbox"/> Remove	
	Billing Manager	<input type="checkbox"/> Add	<input type="checkbox"/> Remove	Employee Manager	<input type="checkbox"/> Add	<input type="checkbox"/> Remove	
	File Specialist	<input type="checkbox"/> Add	<input type="checkbox"/> Remove	Financial Manager	<input type="checkbox"/> Add	<input type="checkbox"/> Remove	
	Reports Manager	<input type="checkbox"/> Add	<input type="checkbox"/> Remove	Reviewer	<input type="checkbox"/> Add	<input type="checkbox"/> Remove	
Make this contact the primary contact? <i>↳ If Yes, that designation will be removed from your current primary contact. If you also need to deactivate your current primary contact, complete the Deactivate Existing Contact section.</i>					<input type="radio"/> Yes	<input type="radio"/> No	
Allow online access?					<input type="radio"/> Yes	<input type="radio"/> No	
Allow access to external Compliance Management portals?					<input type="checkbox"/> ACA	<input type="checkbox"/> FMLA	

Update Existing Contact 2

Existing Contact Name					Existing Contact Email		
Change Name	New:						
Change Email	New:						
Change Phone	New:						
Change Contact Type	<input type="radio"/> Client	<input type="radio"/> Distributor	<input type="radio"/> Payee	<input type="radio"/> Vendor			
Change Position	<input type="radio"/> Owner/Officer	<input type="radio"/> Executive	<input type="radio"/> Director	<input type="radio"/> Manager	<input type="radio"/> Other		
Add/Remove User Access Role(s)	Administrator	<input type="checkbox"/> Add	<input type="checkbox"/> Remove	Benefit Plan Manager	<input type="checkbox"/> Add	<input type="checkbox"/> Remove	
	Billing Manager	<input type="checkbox"/> Add	<input type="checkbox"/> Remove	Employee Manager	<input type="checkbox"/> Add	<input type="checkbox"/> Remove	
	File Specialist	<input type="checkbox"/> Add	<input type="checkbox"/> Remove	Financial Manager	<input type="checkbox"/> Add	<input type="checkbox"/> Remove	
	Reports Manager	<input type="checkbox"/> Add	<input type="checkbox"/> Remove	Reviewer	<input type="checkbox"/> Add	<input type="checkbox"/> Remove	
Allow online access?					<input type="radio"/> Yes	<input type="radio"/> No	
Allow access to external Compliance Management portals?					<input type="checkbox"/> ACA	<input type="checkbox"/> FMLA	

Deactivate Existing Contact

↳ Removes online access and revokes authorization for the named individual to receive information from BASIC on behalf of the employer named above.
If that individual was your primary contact, use the **Add New Contact 1** or **Update Existing Contact 1** section to designate a new primary contact.

Existing Contact Name					Existing Contact Email		
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AUTHORIZATION

I certify that I am an owner, officer, executive or in an equivalent role for the employer named above and that I am authorized to request the contact change(s) submitted here.

Name

Title

Signature

Date