

VERIFICATION OF PLAN CONTACT INFORMATION

Name of individual completing form _____

Capacity/Position in Sponsoring Entity _____

Employer/Plan Sponsor Name _____

Former Contact Information:

Current Contact Information:

Address: _____

Address: _____

Phone: _____

Phone: _____

Fax: _____

Contact Person: _____

Current contact information for individual plans provided (if different from above).

Contact Person

Plan

Phone Number

Additional contact information or instruction that you wish to have included in our web posting:

I declare that I am an authorized representative of this employer/plan sponsor and that the information provided above is true and correct to the best of my knowledge.

Signed: _____ Date: _____

Submission of this form will be used to provide updated contact information to plan participants and will not be considered a formal change to official plan documents filed with the Department.

Please fax or mail this completed form to: EBSA, Attn: Contact Verification, Room N5623, 200 Constitution Avenue, NW, Washington, DC 20210. Fax (202) 219-8141