



Employee Address Change and Contact Information Change Form

*Please type or print neatly.
fax completed form to 412-224-4465 or scan and email to epc@cdsadmin.com*

- I am currently enrolled in the EPC Medical/Life/LTD Plans
- I am currently enrolled in the Fidelity Retirement Plan
- Update Name Change only

Employer (Name of Church)	City	State	ZIP
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EMPLOYEE INFORMATION

Name (Last, First, MI)

Previous Name (if applicable)	Last 4 Digits of SSN
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PREVIOUS ADDRESS

Address	City	State	ZIP
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NEW ADDRESS / CORRECTION

Address	City	State	ZIP
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Daytime Phone	Home Phone	Cell Phone
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Effective Date	Email Address
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I confirm that the information provided is true and correct.

Employee Signature (required)	mm/dd/yyyy
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