



EMPLOYEES BENEFITS DEPARTMENT
 Human Capital Management
 Office of Management and Enterprise Services
 2401 N. Lincoln Blvd., Suite 106, Oklahoma City, Oklahoma, 73105
 405-522-1190 or 1-800-219-8115

BENEFITS COORDINATOR APPOINTMENT FORM

AGENCY INFORMATION

PLEASE PRINT:

Agency Name _____ Agency #/Loc _____
 Mailing Address _____
 Physical Address _____
 City _____ State _____ Zip _____
 Existing BAS ID: _____ Yes _____ No Transferred from another agency

COORDINATOR APPOINTMENT:

Effective Date: _____ Adding New Coordinator _____ Terminating Coordinator _____
 Select One: Primary Coordinator
 Secondary
 Coordinator Employee ID: _____
 Coordinator Name: _____ Phone number: _____
 Fax number: _____ Email address: _____

I hereby appoint the above named employee as Benefits Coordinator. I understand that each participating employer shall designate, in writing, at least one person as a Benefits Coordinator to serve as a representative between the Employees Benefits Department of HCM and the participating employer. I also understand that a Benefits Coordinator is responsible for assisting the Employees Benefits Department of HCM in handling employee enrollment and changes in the flexible benefits plans offered and ensuring that each participant is notified of and has an opportunity to receive flexible benefit plan enrollment materials and other notifications from the Employees Benefits Department of HCM. I understand that a Benefits Coordinator has a duty to keep participant enrollment information confidential. I also understand that I must immediately report a breach of confidentiality to the Employees Benefits Department of HCM.

APPOINTING AUTHORITY:

Signature: _____
 Print Name: _____
 Date: _____ Print Title: _____

To the Appointing Authority: The Benefits Coordinator has access to the Benefits Administration System (BAS) and can make changes to coverage elections. If this coordinator leaves employment or is no longer the Coordinator for this entity, it is important that the Employees Benefits Department of HCM be notified immediately with submission of this form.