



**EMPLOYEE BENEFITS DEPARTMENT**  
 Human Capital Management  
 Office of Management and Enterprise Services  
 2401 N. Lincoln Blvd., Oklahoma City, OK 73105  
 405-522-5528 or 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 Employee Benefits Department of HCM and the participating employer. I also understand that a Benefits Coordinator is responsible for assisting the Employee 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 Employee 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 Employee 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 Employee Benefits Department of HCM be notified immediately with submission of this form.