



BENEFITS COORDINATOR APPOINTMENTS FORM

2401 N. Lincoln Blvd., Oklahoma City, OK 73105 – Phone: 405-522-5528 or 800-219-8115

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 _____ Add new coordinator Terminate 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 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 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 each participant is notified of and has an opportunity to receive flexible benefits plan enrollment materials and other notifications from the Employee Benefits Department of HCM. I understand a benefits coordinator has a duty to keep participant enrollment information confidential. I also understand 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 and can make changes to coverage elections. If this coordinator leaves employment or is no longer the coordinator for this entity, it is important to notify the Employee Benefits Department of HCM immediately with submission of this form.