EBS-RMSCO, Inc.
Employee Benefit Solutions

FSA/HRA
Data Change Form

Employer Name

Participant First Name | MI | Last Name

Address

City | State | Zip Code

Email Address

Social Security Number / Member ID | Phone Number

Data Change

Item to Change	From	To
❑ Name		
❑ Social Security Number		
❑ Address		

Participant Authorization

By submitting this form, I authorize these changes. Upon completion, I will return this form to my Employer / Human Resources Department.

I will not return this form directly to EBS-RMSCO, Inc.

Participant Signature: _____ Date: _____

Employer Authorization

- Please make these changes in your Human Resources and Payroll Departments
- EBS-RMSCO must receive these changes through your standard data exchange process (ie. Enter changes on the Website, send changes in your next payroll file, etc.)

Employer Signature: _____ Date: _____

Reminder to Participant: Please be sure to return this form to your Employer / HR Department (not directly to EBS-RMSCO, Inc.). Your Employer will forward to EBS-RMSCO, Inc. once their systems have been updated.