

Egyptian Area Schools Employee Benefit Trust

Information Request

In order to effectively service your account and assure proper distribution of information, we request you complete this form **at any time any of the following information changes**. The completed fields represent the information we currently have on file. Please review this information, make any necessary changes, and return to the following:

Krista Breakfield
 Meritain Health
 13 Executive Drive, Suite 19
 Fairview Heights, IL 62208
 Fax: 888-525-2799

If you need additional forms please contact Krista Breakfield toll free at 866-588-2431, opt. 3, ext. 6105. Thank you.

School Name			Effective Date Of Change
3 digit group ID code (Located on ID card)			
Address			
District Website			
Superintendent Name	From	To	
Phone			
Email			
Fax			
Board of Managers Name	From	To	
Phone			
Email			
Fax			
Bookkeeper Name	From	To	
Phone			
Email			
Fax			

Completed By: _____ **Date:** _____