

# 9A D@CM9F 7 < 5B; 9 : CFA

## INSURE OKLAHOMA

### Instructions:

1. **Please PRINT or TYPE.** Use only BLUE or BLACK ink to complete this form. If more space is needed, use a separate sheet of paper and attach to this form. Remember to make copies of the documents you are submitting for your own record.

For additional assistance or information, call our helpline at 1-888-365-3742 or visit our website at [www.insureoklahoma.org](http://www.insureoklahoma.org).  
For the hearing impaired, call (405) 416-6848 (TDD/TTY).

2. Mail to: Insure Oklahoma/O-EPIC, P.O. BOX 18650, Oklahoma City, OK 73154 -1650

### REQUIRED

Employer ID: \_\_\_\_\_ Business Name: \_\_\_\_\_

### ONLY COMPLETE the following sections THAT HAVE CHANGED:

#### CHANGE Street Address to:

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City/ State/ Zip: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

#### CHANGE Mailing Address to: (If different than Street Address)

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City/ State/ Zip: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

#### CHANGE Employer Contact Information :

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Phone Number: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Email Address: \_\_\_\_\_

#### ADD employee(s) to payroll:

FIRST Name	LAST Name	Social Security #	Hire Date (mm/dd/yyyy)
_____	_____	_____-_____-_____	____/____/____
_____	_____	_____-_____-_____	____/____/____
_____	_____	_____-_____-_____	____/____/____
_____	_____	_____-_____-_____	____/____/____

#### REMOVE employee(s) from payroll:

FIRST Name	LAST Name	Social Security #	End Date (mm/dd/yyyy)
_____	_____	_____-_____-_____	____/____/____
_____	_____	_____-_____-_____	____/____/____
_____	_____	_____-_____-_____	____/____/____
_____	_____	_____-_____-_____	____/____/____

The information I give on this form is true and correct to the best of my knowledge. I realize if I give information that is not true OR if I withhold information, I can be lawfully punished for fraud or perjury. I may also have to repay the State of Oklahoma for any premium subsidy payments or claims incurred which were paid due to my fraud or error. (28 USC 1746)

Authorized Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_