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A division of Educators Financial Services, Inc.

Section 125 Flexible Benefits Plan – Contact Information Change Form

For Plan Year Ending: _____ **Employer:** _____

Name: _____ **SSN:** _____

I wish to change my contact information under my Section 125 Flexible benefit Plan. I hereby verify that this change is to be made effective on the _____ day of _____, 20_____.

Type of Change	Previous	New
Name Change		
Mailing Address		
City, State, ZIP		
Home Phone		
Work Phone		
Cell Phone		
Email Address		

Please make the changes as indicated above. I declare that the information I have furnished above is, to the best of my knowledge and belief, true, correct and complete.

Signature

Date