

# EMPLOYER DATABASE UPDATE FORM

## Employer Pension and Benefits Information Connection (EPIC)

### CERTIFYING OFFICER INFORMATION

Location Name \_\_\_\_\_ Location # \_\_\_\_\_

Certifying Officer \_\_\_\_\_ Title \_\_\_\_\_

Member of a Pension Fund?  Yes  No Pension Membership Number \_\_\_\_\_

Is this Certifying Officer also the contact for the State Health Benefits Program or School Employees' Health Benefits Program?  Yes  No

If not, please list the SHBP/SEHBP contact person \_\_\_\_\_

**Should the former Certifying Officer still have access to EPIC?**  Yes  No

Street Address, PO Box \_\_\_\_\_  
\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone Number \_\_\_\_\_ Ext. \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Fax Number \_\_\_\_\_

### PERSONNEL LIAISON INFORMATION

Name \_\_\_\_\_ Title \_\_\_\_\_

Phone Number \_\_\_\_\_ Ext. \_\_\_\_\_ Fax Number \_\_\_\_\_

### SECURITY OFFICER FOR EPIC *(Optional)*

Security Officer \_\_\_\_\_ Title \_\_\_\_\_

Member of a Pension Fund?  Yes  No Pension Membership Number \_\_\_\_\_

Phone Number \_\_\_\_\_ Ext. \_\_\_\_\_

E-Mail Address \_\_\_\_\_

**Signature of Certifying Officer** \_\_\_\_\_

**Date** \_\_\_\_\_

**FAX THIS COMPLETED FORM TO: (609) 777-1779**

**FOR ASSISTANCE CALL: EPIC HELP DESK – (609) 777-0534**