



## Employee Address Change and Contact Information Change Form

*Please type or print neatly.  
fax completed form to (412) 224-4465 or scan and email to [epc@cdsadmin.com](mailto:epc@cdsadmin.com)*

- I am currently enrolled in the EPC Medical/Life/LTD Plans
- I am currently enrolled in the Fidelity Retirement Plan
- Update Name Change only

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Employer (Name of Church)	City	State	ZIP
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### EMPLOYEE INFORMATION

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Name (Last, First, MI)
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Previous Name (if applicable)	Last 4 Digits of SSN
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### PREVIOUS ADDRESS

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Address	City	State	ZIP
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### NEW ADDRESS / CORRECTION

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Address	City	State	ZIP
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Daytime Phone	Home Phone	Cell Phone
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Effective Date	Email Address
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*I confirm that the information provided is true and correct.*

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Employee Signature (required)	mm/dd/yyyy
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