



## BENEFIT COORDINATOR INFORMATION

*Please indicate new information by checking the box provided.*

State Agency Name: \_\_\_\_\_

Agency #: \_\_\_\_\_ Loc #: \_\_\_\_\_

Benefit Coordinator: \_\_\_\_\_

Is this the primary Benefit Coordinator? Yes  No

Phone Number: \_\_\_\_\_  Fax Number: \_\_\_\_\_

BC E-mail Address (office): \_\_\_\_\_

**This section must be signed by the Human Resources Director or higher appointing authority and notarized.**

**Important notice to appointing authority:** If this Benefit Coordinator leaves employment or is no longer the Benefit Coordinator for this entity, notify the Board immediately by calling our BC Recon loop line at 1-405-717-8846, so that access to secure information can be revoked.

Signature of Appointing Authority \_\_\_\_\_

Title of Appointing Authority \_\_\_\_\_

Subscribed and Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

My commission expires \_\_\_\_\_, 20\_\_\_\_\_ (SEAL) \_\_\_\_\_ Notary Public

My Commission Number \_\_\_\_\_

**PLEASE MAIL ORIGINAL TO:  
BC RECON  
3545 NW 58<sup>th</sup> ST, SUITE 110  
OKLAHOMA CITY, OK 73112**