



Network Facility Newsletter/Correspondence Email Update Form

Facility Name: _____

Facility dba Name (If different): _____

Tax ID Number (TIN): _____ NPI: _____

Authorized Signature and Name (print or type): _____

Signature Date: _____ Authorized Signer Phone: _____

Providers with multiple locations under one TIN will receive only one email. For multiple contacts, attach a separate sheet that indicates the practice location, TIN, NPI, email address, contact name and phone number. **You cannot change your mailing address with this form. You must use a Facility Change Form to change your mailing address.**

Primary Location/Designated Email for Correspondence

Contact: _____ Email Address: _____

Phone: () _____

Location #2/Designated Email Address for Correspondence

Contact: _____ Email Address: _____

Phone: () _____

Location #3/Designated Email Address for Correspondence

Contact: _____ Email Address: _____

Phone: () _____

Location #4/Designated Email Address for Correspondence

Contact: _____ Email Address: _____

Phone: () _____

Please return completed form to:

Oklahoma State and Education Employees Group Insurance Board

3545 N.W. 58th Street, Suite 110

Oklahoma City, OK 73112

Phone: 1-405-717-8790 or toll-free 1-800-543-6044

Fax: 1-405-717-8702

Email: NetworkNews@sib.ok.gov