



Pro-Flex Administrators Participant Information Update Form

Participant Information can be changed online using the Employee Portal available at www.proflextpa.com, or by downloading the Pro-Flex Administrators Mobile App. Upon logging in to the Employee Portal, navigate to the **Accounts** tab, select **Profile**, then **Profile Summary**. Otherwise, complete this form and return it to Pro-Flex Administrators.

Participant Information

**=Required Fields*

**Employer Name (Do not abbreviate)*

Department

**Participant Name (First, MI, Last)*

 - -

**Social Security Number*

Previous Contact Information

**Previous Mailing Address*

 - -

Phone Number

**City*

 -

**State*

**Zip*

New Contact Information – effective: _____

**Date*

**Current Mailing Address*

 - -

Current Phone Number

**City*

 -

**State*

**Zip*

Authorization

By signing below, I authorize Pro-Flex Administrators to change my address to the Updated Account Information provided above.

Signature: _____

Date: _____

Please return completed form to:

Pro-Flex Administrators, LLC
8321 Main Street
Williamsville, NY 14221
Email: CSR@proflextpa.com
Fax: 716-929-2013 or
toll free 1-855-214-8987