



OKLAHOMA
Health Care Authority

EMPLOYER CHANGE FORM
INSURE OKLAHOMA

INSTRUCTIONS:

1. Please PRINT or TYPE. Use only BLUE or BLACK ink to complete this form. If more space is needed, use a separate sheet of paper and attach to this form. Remember to make copies of the documents you are submitting for your own record.

For additional assistance or information, call our helpline at 1-888-365-3742 or visit our website at www.insureoklahoma.org. For the hearing impaired, call (405) 416-6848 (TDD/TTY).

2. Mail to: Insure Oklahoma/O-EPIC, P.O. BOX 18650, Oklahoma City, OK 73154 -1650

REQUIRED

Employer ID:		Business Name:	
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ONLY COMPLETE the following sections THAT HAVE CHANGED:

CHANGE Street Address to:		CHANGE Mailing Address to: (if different than street address)	
Address 1:		Address 1:	
Address 2:		Address 2:	
City/State/Zip:		City/State/Zip:	

CHANGE Employer Contact Information:			
Last Name:		First Name:	
Phone Number:		Fax Number:	
Email Address:		User ID:	

ADD employee(s) to payroll:			
FIRST Name	LAST Name	Social Security #	Hire Date (mm/dd/yyyy)

REMOVE employee(s) from payroll:			
FIRST Name	LAST Name	Social Security #	Hire Date (mm/dd/yyyy)

The information I give on this form is true and correct to the best of my knowledge. I realize if I give information that is not true OR if I withhold information, I can be lawfully punished for fraud or perjury. I may also have to repay the State of Oklahoma for any premium subsidy payments or claims incurred which were paid due to my fraud or error. (28 USC 1746)

Signature	Today's Date
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Print Signature:

OHCA Revised 6/27/2023



ADDRESS

4345 N. Lincoln Blvd.
Oklahoma City, OK 73105



WEBSITES

oklahoma.gov/OHCA
mysoonerhealth.org



PHONE

Admin: 405-522-7300
Helpline: 800-987-7767