



Contact Change Request Form

In an effort to keep your organization current with all of the IPRF services, we ask that when there is a change in personnel who are assigned as contacts (Primary, Accounting/Billing, Claims, Loss Control and Legislative action), please complete this fillable form in its entirety and submit to IPRF.

Member: _____ **Member #** _____

| Primary Contact: | |
|---------------------|------------------------|
| First Name: _____ | Last Name: _____ |
| Title: _____ | |
| Address: _____ | City: _____ Zip: _____ |
| Office Phone: _____ | Email: _____ |

| Accounting/Billing: | |
|---------------------|------------------------|
| First Name: _____ | Last Name: _____ |
| Title: _____ | |
| Address: _____ | City: _____ Zip: _____ |
| Office Phone: _____ | Email: _____ |

| Claims Contact: | |
|---------------------|------------------------|
| First Name: _____ | Last Name: _____ |
| Title: _____ | |
| Address: _____ | City: _____ Zip: _____ |
| Office Phone: _____ | Email: _____ |

| Loss Control Contact: | |
|-----------------------|------------------------|
| First Name: _____ | Last Name: _____ |
| Title: _____ | |
| Address: _____ | City: _____ Zip: _____ |
| Office Phone: _____ | Email: _____ |

| Legislative Contact: | |
|----------------------|------------------------|
| First Name: _____ | Last Name: _____ |
| Title: _____ | |
| Address: _____ | City: _____ Zip: _____ |
| Office Phone: _____ | Email: _____ |

Completed by

Date

SUBMIT