



**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](http://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

<b>REQUIRED</b>			
<b>Employer ID:</b>		<b>Business Name:</b>	

**ONLY COMPLETE the following sections THAT HAVE CHANGED:**

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

<b>CHANGE Employer Contact Information:</b>			
Last Name:		First Name:	
Phone Number:		Fax Number:	
Email Address:		User ID:	

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

<b>REMOVE employee(s) from payroll:</b>			
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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OHCA Revised 6/27/2023



**ADDRESS**

4345 N. Lincoln Blvd.  
Oklahoma City, OK 73105



**WEBSITES**

[oklahoma.gov/OHCA](http://oklahoma.gov/OHCA)  
[mysoonerare.org](http://mysoonerare.org)



**PHONE**

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