

Employer Company Change Form

The Employer Company Change Form documents company changes for an employer, including company name, address and tax identification number changes. Once the form is completed, please return to Mercer Marketplace for processing. Please note: if you are changing your company name and you send incoming files to Mercer Marketplace, please ensure your file vendor is updated to prevent disruption to the file.

*=Required Fields

*Line of Business (check all that apply)

Benefits COBRA/Direct Billing

*Type of Change (check all that apply):

Company Name Address Tax ID Number

*Current Information

*Company Name

*Tax ID Number

*Address

*City

*State

*Zip

*New Company Information

*Company Name

*Tax ID Number

*Address

*City

*State

*Zip

*Authorized by

This agreement is accepted and agreed to by the parties as of the effective date indicated below.

*Authorizing Contact Name and Title (please print)

*Authorizing Contact Signature

*Phone Number

*Effective Date

