



GROUP INSURANCE COMMISSION
PO BOX 556
Randolph MA 02368

AGENCY MAILING ADDRESS AND CONTACT UPDATE FORM

Agency Name: _____ Agency/Division: ____/____

Address: _____

Auth. Official (Agency Head): _____ Title: _____

Email: _____ Phone:(_____) _____ Ext _____

GIC Coordinator: _____ Title: _____

Email: _____ Phone:(_____) _____ Ext _____

FSA Coordinator _____ Title: _____

(if applicable)

Email: _____ Phone:(_____) _____ Ext _____

Signature of GIC Coordinator

Date

Please email completed form to: coordinatorchanges@massmail.state.ma.us

If you have any questions, please call the GIC's Audit Unit at 617-727-2310.