

# The Corinthian Plan

## Employee Contact Information Update Form



Return this completed form to Deana Roth at Everence, Deana.Roth@Everence.com, Fax to 574-537-6642 or P.O. Box 483, Goshen, IN 46527

### Congregation information

Congregation \_\_\_\_\_

### Employee information

Name \_\_\_\_\_  
First Middle Last

Phone number \_\_\_\_\_

Cell Phone number \_\_\_\_\_

Email address \_\_\_\_\_

Identifying information: Social Security number (last four numbers) \_\_\_\_\_

<b>Internal use only</b>
CNG ID # _____
Grp Agree# _____
IND Agree# _____