

**Roman Catholic Archdiocese of Boston  
BAS MyEnroll Access Update Request**

Location Employer Name	<input style="width: 100%;" type="text"/>
Location Employer City/Town	<input style="width: 100%;" type="text"/>
Location Phone Number	<input style="width: 100%;" type="text"/>
RCAB Institution # (6 digits)	<input style="width: 100%;" type="text"/>
Effective Date of Change	<input style="width: 100%;" type="text"/>



**Invoice Contact**

Add, Delete, or Update Access	Invoice Contact First Name	Invoice Contact Last Name	Invoice Contact Email Address	Invoice Contact Phone#

*\*Only one Invoice Contact may be on file at any one time* EMAIL: SisterTeresaofJesus@danverscarmel.com

**Administrator Access**

Add or Delete Access	Administrator Contact First Name	Administrator Contact Last Name	Administrator Contact Email Address	Administrator Contact Phone#

*\*\*More than one Administrator may be on file at any one time*

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Authorized Signer Name	Authorized Signer Title	Authorized Signer Signature	Date
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e complete and return to the RCAB Office via facsimile (617) 779-4567 or via email [benefits@rcab.org](mailto:benefits@rcab.org)