

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

Location Employer Name

Location Employer City/Town

Location Phone Number

RCAB Institution # (6 digits)

Effective Date of Change



Invoice Contact

Add or Delete 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*

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*

Authorized Signer Name Authorized Signer Title Authorized Signer Signature Date

Please complete and return to the RCAB Office via facsimile (617) 779-4567 or via email benefits@rcab.org