

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



Location Employer Name

Location Employer City/Town

Location Phone Number

RCAB Institution #

Effective Date of Change

Invoice Contact

Update (Yes/No)	Invoice Contact* First Name	Invoice Contact Last Name	Invoice Contact E-Mail Address	Invoice Contact Phone #

**Only one Invoice Contact may be on file at any one time.*

Administrator Access

Add or Delete Access?	Administrator** First Name	Administrator Last Name	Administrator E-Mail Address	Administrator 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 Benefits Office via facsimile (617) 779-4567 or via email benefits@rcab.org.