

Change of Employer of Record Form

This form is used when the Individual / current Employer of Record wishes to appoint a NEW Employer of Record (EOR).

Please fill in all of the below fields and submit this to Public Partnerships, LLC (PPL) at your earliest convenience. We will use this information to populate and mail a new Employer of Record Enrollment packet. The new Employer of Record may not assume EOR responsibilities until after all paperwork has been completed and processed by Public Partnerships, LLC.

INDIVIDUAL INFORMATION	
Individual First Name:	Individual Last Name:
PRIME #:	Individual's PPL ID (if known): C _____

Current EMPLOYER OF RECORD (EOR) INFORMATION	
Current EOR First Name:	Current EOR Last Name:

NEW EMPLOYER OF RECORD (EOR) INFORMATION		
New EOR First Name:	New EOR Last Name:	
Physical Address (<u>no</u> P.O. Box):		
Physical Address 2 (apt, number, etc.):		
Physical City:	Physical State:	Physical Zip Code:
Mailing Address:		
Mailing Address 2 (apt, number, etc.):		
Mailing City:	Mailing State:	Mailing Zip Code:
Social Security Number:	Phone Number:	
E-mail Address:		