

CUSTOMER CONTACT FORM

Tribe Name: _____ **Tribal Code:** _____ **New** **Change**

(NOTE: Only one contact per line except where noted with *)

Contact Type	Name of Contact Person (from page 2)
Employer Main	
Annual Valuations (mail) (choose one) or (e-mail)	
Defined Contribution Program	
Interest & Valuation Statement	
Membership Applications	
Employer Newsletter (mail) (choose one) or (e-mail)	
Service Credit Purchases	
Employer Contact Questions	
eBill/Payment Questions *	
ePass/Payroll Questions *	
Financial Main	
Invoice & Adjustment Letter	
TGRS-MERS Quarterly Statement * (mail) (choose one) or (e-mail)	
Late Payments Letter	
Late Reporting Letter	
TGRS-MERS Annual Report (mail) (e-mail)	
TGRS-MERS Annual Report (CD-ROM)	
Member Main	
Member Statements	
Employee Newsletter (mail) (choose one) or (e-mail)	
Retirement Main	
Retirement Forms-Employer Copy	

CUSTOMER CONTACT FORM (cont.)

Tribe Name: _____ **Tribal Code:** _____

Contact No.	Name	Title	Street	City	Zip	Phone (area code)	Fax (area code)	E-mail (required)
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.								
12.								
13.								
14.								

_____ Authorized Signature

_____ Title

_____ Date