



# Third Party Administrator (TPA) Change Form

PLEASE TYPE OR PRINT. ALL INFORMATION MUST BE COMPLETE TO ENSURE ACCURATE MAILING OF PLAN ASSET INFORMATION.

<b>To</b>	<b>ING Aetna Financial Services</b> TPA Sales & Relations 151 Farmington Avenue, TNA1 Hartford, CT 06156-7652 Fax: 860-273-3940	
<b>From</b>	Plan Name:	
	Billing Group Number:	
<b>New TPA Information</b>	TPA Name	Tax ID <i>(required)</i>
	Street Address	
	City	State
ING Aetna Financial Services Use Only	TPA Code	Security ID
<b>Current TPA Information</b>	TPA Name	
	Street Address	
	City	State
ING Aetna Financial Services Use Only	TPA Code	Security ID
<b>Authorized Plan Representative</b>	Signature	Date
	Title	