

INSTRUCTIONS

- AUTHORIZED REPRESENTATIVE PLEASE PRINT CONTACT INFORMATION TO THE RIGHT OR POPULATE USING ADOBE PDF FILL & SIGN
- FIELDS INDICATED WITH * ARE REQUIRED – INCOMPLETE FORMS WILL NOT BE ACCEPTED
- CUSTOMER WILL NOT BE ELIGIBLE TO PURCHASE THE SAME PRODUCTS OFFERED ON THE REQUESTED CONTRACT UNDER ANY OTHER SANOFI PASTEUR CONTRACT; CUSTOMERS MAY ONLY ACCESS PRICING THROUGH ONE CONTRACT OWNER / AFFILIATION WITH SANOFI PASTEUR
- THIS AUTHORIZATION, ONCE APPROVED, WILL REMOVE THE CURRENT CONTRACT AFFILIATION AND REPLACE IT WITH THE REQUESTED CONTRACT AFFILIATION; CUSTOMER WILL BE REMOVED FROM ANY OTHER CONTRACT AFFILIATION IN WHICH THEY ARE CURRENTLY ASSOCIATED (GPO/PBG, etc.)
- FORMS MUST BE DATED WITHIN 60 DAYS OF SUBMISSION
- CUSTOMERS ARE LIMITED TO CONTRACT CHANGES EVERY 60 DAYS

*NAME _____

*COMPANY _____

*PHONE _____

*EMAIL _____

*SIGNATURE _____

*DATE _____

***REQUESTED CONTRACT/AFFILIATION NAME:**

Child Health Corporation of America (Child Health Advantage)

By signing this form customer agrees to all statements. For Contract Membership questions, support, and form submission please email: Membership.Administration@Sanofi.com

***SUBMIT FORMS TO:**

MEMBERSHIP.ADMINISTRATION@SANOFI.COM

Or fax directly to this email box at 1-866-462-6737

SANOFI PASTEUR ACCOUNT NUMBER	*BUSINESS NAME	*BUSINESS ADDRESS	*DEA AND/OR HIN NUMBER

List locations to be moved to new contract above. Include additional locations on Excel worksheet and attach.