



## Benefits Portal - 2FA Change Form

To request your Portal login credentials and/or 2 Factor Authentication be changed,  
complete the form below.

Name: \_\_\_\_\_ UBC, SSN, or CFAO ID#: \_\_\_\_\_

**Old** Email address used to login to the Portal: \_\_\_\_\_

**Old** Telephone # used to login to the Portal: (\_\_\_\_) \_\_\_\_\_

**NEW** Email address used to login to the Portal: \_\_\_\_\_

**NEW** Telephone # used to login to the Portal: (\_\_\_\_) \_\_\_\_\_

**Please note we DO NOT recommend that you use your work email or cell phone. The information provided on this form should be your personal information that is not easily accessible by any outside parties.**

***THE ABOVE ANSWERS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I hereby certify under penalty of perjury under the laws of the State of California, that the information given in this form is true, correct and complete to the best of my knowledge.***

\_\_\_\_\_  
PARTICIPANT SIGNATURE

\_\_\_\_\_  
DATE