



## CHANGE INFORMATION FORM: EMPLOYEE

Please complete this form and return to Acumen by one of the following methods:

**Mail:** 5416 E. Baseline Rd., Suite 200, Mesa, AZ 85206  
**Fax:** (866) 708-3440  
**Email:** [enrollment@acumen2.net](mailto:enrollment@acumen2.net)

### Change Employee Information

Complete this section when there is a change in the employee's information. The employee is the person providing services. For a **name change** – fax, email or mail this form, along with a copy of the new social security card and the employee's original I-9 form with section 3 completed. Please make sure to disclose both the previous and new name for the employee below. For all other changes, only provide the new (changed) information.

Change In (select all that apply): <input type="checkbox"/> Name <input type="checkbox"/> Address <input type="checkbox"/> Phone Number <input type="checkbox"/> E-mail Address	
Previous Name:	New Name:
Street Address (if changed):	
City, State, Zip (if changed):	
Phone Number (if changed):	
E-mail Address (if changed):	
Member Name and ID Number:	
Employee ID Number:	

\_\_\_\_\_  
*Employer or Authorized Rep. Signature*

\_\_\_\_\_  
*Date*

Acumen Fiscal Agent, LLC.  
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