

## **CHANGE INFORMATION FORM: MEMBER or EMPLOYER**



**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) 211-6496

**Email:** [enrollment@acumen2.net](mailto:enrollment@acumen2.net)

### **Change MEMBER Information**

Complete this section when there is a change in member information. The member is the individual receiving services. If the member is also the employer, please complete this section **only**. For a name change, please provide the current and new name. For all other changes, only the new information is required.

|  |                        |
|--|------------------------|
| Change In (select all that apply):    Name <input type="checkbox"/> Address <input type="checkbox"/> Phone Number <input type="checkbox"/> E-mail Address <input type="checkbox"/> |                        |
| Current/Previous Name:   | New Name (if changed): |
| Street Address:  |                        |
| City/State/Zip:  |                        |
| Phone Number:  |                        |
| E-mail Address:  |                        |
| Client ID Number:  |                        |
| Signature (Employer or Authorized Rep):  |                        |
| Date:  |                        |

### **Change EMPLOYER Information**

Complete this section when there is a change in employer information. The employer is the individual who hires, trains, and manages staff. If the member is also the employer, please complete the member section only. For a name change, provide the current and new name and please fax or mail a copy of a legal document for name change. For all other changes, only the new information is required.

|  |                        |
|--|------------------------|
| Change In (select all that apply):    Name <input type="checkbox"/> Address <input type="checkbox"/> Phone Number <input type="checkbox"/> E-mail Address <input type="checkbox"/> |                        |
| Current/Previous Name:   | New Name (if changed): |
| Street Address (if changed):   |                        |
| City/State/Zip (if changed):   |                        |
| Phone Number (if changed):   |                        |
| E-mail Address:  |                        |
| Client ID Number:  |                        |
| Signature (Employer or Authorized Rep):  |                        |
| Date:  |                        |