



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: (833) 660-9807

Email: 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, provide the previous name, new name, and attach a legal document supporting the name change. For all other changes, only the new information is required.

Change In (select all that apply): Name Address Phone Number E-mail Address

Current/Previous Name: _____ New Name (if changed): _____

Street Address: _____

City/State/Zip: _____

Phone Number: _____

E-mail Address: _____

Member 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 previous name, new name, and attach a legal document supporting the name change. For all other changes, only the new information is required.

Change In (select all that apply): Name Address Phone Number E-mail Address

Current/Previous Name: _____ New Name (if changed): _____

Street Address (if changed): _____

City/State/Zip (if changed): _____

Phone Number (if changed): _____

E-mail Address: _____

Member ID Number: _____

Signature (Employer or Authorized Rep): _____

Date: _____

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