Acumen Fiscal Agent
Innovation • Opportunity • Freedom

MO SDS New Employee Packet Cover Sheet

Welcome to Acumen! We are excited to take part in this process with you. Starting a new employee can be a challenge. If you haven't already done so, please ensure you read through the Employee Hiring Guide and New Employee Sample Packet on our website www.AcumenFiscalAgent.com/Missouri.

Acumen offers several ways to complete the new Employee Enrollment Packet. Your Acumen team would be happy to pre-fill your Employee packet to help reduce the paperwork burden to your family! In order to receive a pre-filled packet you will need to answer a few questions about your employee in the form below. Next, you will need to provide Acumen with a copy of your Employee's social security card.

Please note, incomplete or incorrect forms or submissions without a legible copy of the Employee's Social Security Card will not be processed. Please work carefully to ensure all information provided is accurate and correct to the best of your knowledge. Acumen is not responsible for incorrect or inaccurate information.

Please indicate on the form below the method you would like Acumen to use, to send your pre-filled Employee Packet. If "Electronic Signatures" are selected, Acumen will send your pre-filled packet via Adobe.

Once complete, this form, along with a legible copy of the Employee's Social Security card should be returned via email at Enrollment@Acumen2.net or via fax or mail. Once received, you will receive your pre-filled documents in the method you choose within 2-3 business days.

For the quickest processing, please ensure this form and a copy of the Employee's Social Security card are sent together. Documents can be returned either by email to enrollment@Acumen2.net, by fax to (816) 396 - 6912, or via mail to Acumen Fiscal Agent, 1123 Wilkes Blvd, Suite 230, Columbia, MO 65201.

We look forward to working with you!

~ Your Acumen Fiscal Agent Team

Tell us a little info about your new Employee!

Individual Receiving Services Name (First, Last)	
Employee First Name:	
Employee Middle Initial:	
Employee Last Name:	
Employee Other Last Names Used:	
Employee Birthday (MM/DD/YYYY)	
Employee SSN	
Employee Physical Street Address:	
Employee Physical Address APT Number:	
Employee Physical Address City	
Employee Physical Address ST:	
Employee Physical Address Zip Code	
Employee Mailing Address (if different than above):	
Employee Mailing Address APT Number:	
Employee Mailing Address City:	
Employee Mailing Address ST:	
Employee Mailing Address Zip Code:	
Employee Phone Number (555-123-1234)	
Employee Email Address:	
Employee Service Code 1	
Employee Rate of Pay 1	
Employee Service Code 2	
Employee Rate of Pay 2	
Did you provide a copy of the Employee's Social Security Card?	Choose One
How would you like us to send your pre-filled Employee Packet?	Choose One
Employee's First Day of Hire (MM/DD/YYYY)	