



CHANGE INFORMATION FORM FOR MEMBER/EMPLOYER

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

Mail: 4823 S Sheridan, Suite 310, Tulsa, OK 74145

Fax: (855) 295-9075

Email: AcumenOK@acumen2.net

Change MEMBER/EMPLOYER Information

Complete this section when there is a change in member/employer information. 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 ☐ Physical Address ☐ Mailing Address ☐ Phone Number ☐ E-mail ☐

Current/Previous Name:

New Name (if changed):

New **Physical** Street Address (if changed):

City/State/Zip:

New **Mailing** Street Address (if changed):

City/State/Zip:

New Phone Number (if changed):

New E-mail Address:

Member ID Number:

Date:

Signature: