



## 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](mailto: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: