



## CHANGE INFORMATION FORM FOR MEMBER/EMPLOYER

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

**Mail:** 4867 S Sheridan, Suite 711, 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 <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:				
Member ID Number:				
Signature:				
Date:				