

## CHANGE INFORMATION FORM: EMPLOYEE



It is important to notify Acumen anytime an employee's information changes so that we can accurately report to state and federal agencies. Please complete this form and return to Acumen by one of the following methods:

**Mail:** P.O. Box 539, Orem, UT 84059  
**Fax:** (888) 249-7023  
**Email:** [enrollment-ut@acumen2.net](mailto:enrollment-ut@acumen2.net)

### Change Employee Information

Complete this section when there is a change in employee information. The employee is the person providing service and receiving a paycheck.

For a change in name, fax or mail this form, a copy of the new Social Security card, and the employee's original I-9 form with Section 3 completed.

For a name change, please provide the previous and new name. 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:

Street Address (if changed):

City/State/Zip (if changed):

Phone Number (if changed):

E-mail Address:

Client Name and ID Number:

Employee ID Number:

Signature (Employer or Authorized Rep):

Date:

UT  
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