CHANGE INFORMATION FORM: MEMBER or EMPLOYER

Acumen Fiscal Agent
Innovation · Opportunity · Freedom

Please complete this form and return to Acumen by one of the following methods:
Mail: 5416 E Baseline Rd., Suite 200, Mesa, AZ 85206
Fax: (877) 522-8636
Email: enrollment@acumen2.net

Change MEMBER Information

Complete this section when there is a change in member information. The member is the individual receiving services. If the member is also the employer, please complete this section only. For a name change, provide the current & new name, please fax, email, or mail a copy of a legal document for the name change. For all other changes, only the new information is required. If the member is also the employer, please be on the lookout for the second step, which involves an additional IRS form that will require your signature to allow us to update the changes with the IRS as well.

Change In (select all that apply):	Name ☐	Address ☐	Phone Number ☐	E-mail Address ☐
Current/Previous Name:		New Name (if changed):		
Street Address:				
City/State/Zip:				
Phone Number:				
E-mail Address:				
Client ID Number:				
Signature (Employer or Authorized Rep):				
Date:				

Change EMPLOYER Information

Step 1: Complete this section when there is a change in employer information. The employer is the individual who hires, trains, and manages staff. If the member is also the employer, please complete the member section only. For a name change, provide the current & new name, please fax, email, or mail a copy of a legal document for the name change. For all other changes, only the new information is required. Additionally, please be on the lookout for Step 2, which involves an additional IRS form that will require your signature to allow us to update the changes with the IRS as well.

Change In (select all that apply):	Name ☐	Address ☐	Phone Number ☐	E-mail Address ☐
Current/Previous Name:		New Name (if changed):		
Street Address (if changed):				
City/State/Zip (if changed):				
Phone Number (if changed):				
E-mail Address:				
Client ID Number:				
Signature (Employer or Authorized Rep):				
Date:				