



## STATUS CHANGE FORM

Name: \_\_\_\_\_ Effective Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Last 4 Digits of SSN: \_\_\_\_\_  
(Employee only)

Employer's Name: \_\_\_\_\_  
(Not required for vendor.)

**Instructions:** After completing the section above in full, complete *ONLY* the updated sections below then sign and date. Please submit the completed form to **AssuranceSD** via one of the following options:

**Mail:**  
2150 S 1300 E,  
Suite 500  
Salt Lake City, UT 84106

**Email:**  
UT@premier-fms.com

**Fax:**  
(855) 500-4521

### SECTION 1

New Name: \_\_\_\_\_  
Please submit an updated ID when requesting a name change. Vendors, please submit a new W-9 when requesting a name change.

### SECTION 2

Address: \_\_\_\_\_

New       Add

### SECTION 3

Phone Number: \_\_\_\_\_

New       Add

### SECTION 4

Email: \_\_\_\_\_

New       Add

### SECTION 5

Last day worked: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Termination Reason: \_\_\_\_\_  
(Optional)

Re-hire Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Employer Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_