



STATUS CHANGE FORM

Name: _____ Effective Date: ___ / ___ / ___

Last 4 Digits of SSN: _____
(Participant-hired Worker only)

Participant'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 **Premier Financial Management Services** via one of the following options:

Mail:
PO Box 26001
Milwaukee, WI 53226

Drop Off:
10425 W North Ave.
Suite 345
Milwaukee, WI 53226

Email:
HR@premier-fms.com

Fax:
1-888-551-5286

SECTION 1

Vendors, please submit a new W-9 when requesting a name change.

New Name: _____ Address: _____

Workers changing name will need to include documentation, such as a copy of: social security card, marriage certificate, divorce certificate, or court order of name change.

New Add

SECTION 2

Live-in workers, please use Relationship Form.

SECTION 3

Phone Number: _____ New Email: _____

New Add

New Add

SECTION 5

Last day worked: ___ / ___ / _____ Termination Reason: _____
(Optional)

Re-hire Date: ___ / ___ / _____

Participant-hired Worker Signature: _____ Date: ___ / ___ / _____

Participant Signature: _____ Date: ___ / ___ / _____