



## 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:**  
10425 W North Ave.  
Suite 345  
Milwaukee, WI 53226

**Phone:**  
1-855-387-1377

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

**Fax:**  
1-855-463-2793

### SECTION 1

New Name: \_\_\_\_\_  
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

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

New  Add

### SECTION 5

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

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

Participant-hired Worker Signature: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_\_\_

Participant Signature: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_\_\_