



## SWODA Status Change Form

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

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

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

**Instructions:** After completing the section above in full, complete **ONLY** the updated sections below then sign and date. For any questions or concerns, please contact our office at (855) 962-0539. Please submit the completed form to **Premier Financial Management Services** via one of the following options:

**Mail:**  
10425 W North Ave. Ste. 345  
Milwaukee, WI 53226

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

**Fax:**  
(855) 962-0586

### 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: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Worker Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Veteran Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_