



IDAHO Fiscal Employer Agent PARTICIPANT OR EMPLOYEE STATUS CHANGE FORM

For Employee For Participant

Name: _____ Effective Date of Change: ____/____/____

Instructions: Please mark the boxes that apply and fill in the new information.

Update Employee/Participant Information	
<input type="checkbox"/> Name Change provide supporting documentation with this form (example: driver's license)	Previous name:
	New name:
<input type="checkbox"/> Address Change <input type="checkbox"/> Mailing <input type="checkbox"/> Physical	New Address: City/State/Zip:
<input type="checkbox"/> Phone Number Change <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	New Phone Number:
<input type="checkbox"/> E-mail Address Change	New E-mail Address:

Employee or Participant Signature

Date

Please fax, mail or drop off completed and signed form to:

Toll Free Fax: 1-877-898-0417
Consumer Direct
40 W. Franklin Rd., Suite C
Meridian, ID 83642-2992

