CONSUMER DIRECT

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	
☐ **Name Change** provide supporting documentation with this form (example: driver's license)	Previous name: New name:
☐ **Address Change** ☐ Mailing ☐ Physical	New Address: City/State/Zip: County: Region:
☐ **Phone Number Change** ☐ Cell ☐ Home ☐ Work	New Phone Number:
☐ **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
280 E. Corporate Drive, Suite 210
Meridian, ID 83642-2953

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