

INSTRUCTIONS FOR COMPLETION OF THE CHANGE REQUEST FORM

THIS FORM MUST BE FAXED OR MAILED TO THE STAVROS FISCAL INTERMEDIARY OFFICE WHENEVER THERE IS A CHANGE IN ADDRESS, TELEPHONE NUMBER, E-MAIL ADDRESS OR CELL PHONE FOR THE EMPLOYER OR THE PCA.

IF THE CHANGE OF INFORMATION IS FOR THE CONSUMER, PLEASE COMPLETE THE FOLLOWING:

**Employer Number – Enter your 4 digit Employer Number in the box provided
Employer Name – Print your name here**

Change Requested By (Required): Let us know who you are, check off the applicable box

Employer Information Change – Only fill in the new information in the spaces provided. For example if the change is that you have a new cell phone number just fill in your new cell phone number in the space provided.

Employer/Surrogate Signature and Date - Change form must be signed and dated.

IF THE CHANGE OF INFORMATION IS FOR THE PCA, PLEASE COMPLETE THE FOLLOWING:

**Employer Number – Enter your 4 digit Employer Number in the box provided
Employer Name – Print your name here
Last 4 Digits of SSN – Enter the last 4 digits of your social security number in the box provider
PCA Name – Print your name here**

Change Requested By (Required): Let us know who you are, check off the applicable box

PCA Information Change - Only fill in the new information in the spaces provided. For example if the change is that you have a new cell phone number just fill in your new cell phone number in the space provided.

Employer/Surrogate Signature and Date - Change form must be signed and dated.

PCA Signature and Date – Change form must be signed and dated.