Change of Information Form

Participant Name: _____ Case ID:_____

Select **one** of the options below:

☐ **Update Contact Information**

This is a change for the (select one): ☐ Participant ☐ Representative ☐ Worker	
New Name	*Attach a copy of your new Social Security card that reflects the name change.*
Previous Name	
New *Physical* Address	_____ Street City State Zip
New *Mailing* Address	_____ Street/PO Box City State Zip
New Phone	
New Email	

☐ **Add a new worker** *(select one)*:
- ☐ My new worker's name is _____ and I have sent Palco a worker enrollment packet for this worker.
- ☐ Please send me a worker enrollment packet.

☐ **Change my Representative** *(select one)*:
- ☐ My new representative's name is _____ and I have sent Palco the appropriate form to designate this person as my representative.
- ☐ Please send me the appropriate form to designate this person as my representative.

☐ **Change my Backup Worker** *(select one)*:
- ☐ My new backup worker's name is _____ and I have sent Palco a worker enrollment packet for this worker.
- ☐ Please send me a worker enrollment packet.
- ☐ My new backup worker will not be paid. The worker's name is _____ and may be contacted by phone at _____.

_____ _____

Employer Signature **Date**