

Verification of Information for Member or Employee

This form is used to document the verification of, or actions taken regarding the review of information in the LKiChoice system. Check the boxes that best represent the action taken and complete information as directed.

Date of Verification Contact: _____
 Verification of information for: _____ Member Employee
 Information Verified By: Telephone Face-to-Face Written Correspondence
 Fiscal Agent: _____

Contact Information

Mailing Address on File: _____
 Correct Address Change: _____
 Email on File: _____
 Correct Email Change: _____
 Phone Number on File: _____ Cell Number on File: _____
 Correct Number Changes/Additions: _____

Forms Sent: _____ **Forms Returned:** _____ **Date System Updated:** _____

Employee Information

Relationship/Live-in Status: Review form on file.

Reviewed New form Sent

W4: Review forms on file.

Reviewed New form Sent

WT4: Review forms on file.

Reviewed New form Sent

Direct Deposit Authorization: Review form on file.

Reviewed New form Sent

Convictions since last BID:

No Yes New form Sent

** If yes, a start date cannot be given and payroll cannot be processed until a new BID is ran, sent to Care Manager, and approved.

Forms Sent: _____ **Forms Returned:** _____ **Date System Updated:** _____

Member Information

2678 Active:

Yes No

Form Sent: _____ **Forms Returned:** _____ **Date System Updated:** _____

Attestation Statement: only one statement is to be signed and dated, dependent on the verifier of information.

Fiscal Agent Representative, Member, or Employee

I attest that I have reviewed the above information myself or with the Member/ Employee. If changes were necessary, I sent/completed the appropriate forms to be update. Upon receipt of the forms, LKiChoice approved processes were followed to meet regulatory and company expectations.

 Signature of Fiscal Agent Representative Date

 Signature of Member or Employee Date