

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

Direct Care Professional

Participant

ADDRESS CHANGE

Old Address: _____

New Address: _____

I live with my Participant (Employer) or Direct Care Professional (Employee)

I do not live with my Participant (Employer) or Direct Care Professional Employee

PHONE NUMBER CHANGE

Old Phone Number: _____

New Phone Number: _____

EMAIL ADDRESS UPDATE

Old Email Address: _____

New Email Address: _____

NAME CHANGE*

Old Name: _____

New Name: _____

* Your name can not be changed in the LKiChoice system until we have received a copy of your updated Social Security Card with your new name on it.

Employee Only: A new W-4 and WT-4 will need to be completed and on file before your name change can be completed in the LKiChoice system.

Please make the changes I have indicated above. If it is a name change, I have included a copy of my updated Social Security Card, an updated W-4 and WT-4 forms (for Direct Care Professionals).

Signature: _____ Date: ____ / ____ / ____

Please submit the forms via one of the following options:

Mail106 S Beaumont Road
Prairie du Chien, WI 53821**Fax**

844.634.7225

Email

payroll@LKiChoice.com