

Information Change Form

Name: _____

Effective Date of Change: _____

Employee

Member/Employer

Address Change	Old Address:
	New Address:

- I live with my Member/Employer or Employee.
 I do not live with my Member/Employer or Employee.

Phone Number Change	Old Phone #:
	New Phone #:

Email Address Update	Old Email Address:
	New Email Address:

Name Change*	Old Name:
	New Name:

*Your name cannot 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 W4 and WT4 will need to be completed and on file before your name change can be completed in the LKiChoice system.

Please make the changes I indicated above. If it is a name change, I have included a copy of my updated Social Security Card, an updated W4, and WT4 form (if an Employee).

Signature

Date

You are able to mail, fax, or email this form and needed information/forms. Our address and fax are located below. Our email address is: payroll@lkichoice.com



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Phone: 608-326-0434