

Vendor Status Change Form

Instructions: Complete only the sections the provider or participant needs changed.
NOTE: Vendor name change requires submission of a new Form W-9 and new Provider Application (F-01312).

Organization Name: _____

Tax Identification Number (EIN or Last Four Digits of SSN): _____

Contact Name: _____

Completed by Vendor	
<input type="checkbox"/>	Old Address: _____ New Address: _____ City: _____ State: _____ Zip: _____ <input type="checkbox"/> Mailing <input type="checkbox"/> Billing <input type="checkbox"/> Both
<input type="checkbox"/>	Old Name: _____ New Name: _____ ** Requires submission of new Form W-9 and new Provider Application (F-01312).
<input type="checkbox"/>	New Phone: (_____) _____ - _____
<input type="checkbox"/>	New Email: _____
<input type="checkbox"/>	End Services: <input type="checkbox"/> For Participant Name _____ <input type="checkbox"/> via iLIFE (all Participants) Effective Date: _____
Completed by Participant	
<input type="checkbox"/>	End Services from Vendor: Participant Name: _____ Effective Date: _____

Vendor or Participant Signature: _____ Date: _____

Vendor or Participant Name (printed): _____