Lori Knapp CHOICE™
Part of the AssuranceSD Family

INFORMATION CHANGE

Name: _____ Effective Date of Change: _____

☐ Direct Care Worker ☐ Participant

ADDRESS CHANGE

Old Address: _____
Address City State Zip

New Address: _____
Address City State Zip

☐ I live with my Participant (Employer) or Direct Care Worker (Employee).

☐ I do not live with my Participant (Employer) or Direct Care Worker (Employee).

PHONE NUMBER CHANGE

Old Phone Number: _____

New Phone Number: _____

EMAIL ADDRESS CHANGE

Old Email Address: _____

New Email Address: _____

NAME CHANGE**

Old Name: _____

New Name: _____

Your name can not be changed in the Lori Knapp Choice™ system until we have received a copy of your updated Social Security Card with your new name on it. **Direct Care Worker Only: A new W-4 and WT-4 will need to be completed and on file before your name change can be completed.

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 updated WT-4 forms (for Direct Care Workers).

Signature: _____ Date: _____

Please submit the forms via one of the following options:

Mail	**Email**	**Fax**
106 S Beaumont Rd Prairie du Chien, WI 53821	payroll@LoriKnappChoice.com	844.634.7225