



**TNT Fiscal Intermediary Services, Inc.  
Fiscal Agent**

This form is NOT to be used as a notification of a change in EOR

**MEMBER/PARTICIPANT/EMPLOYER DEMOGRAPHIC CHANGE FORM**

**REQUIRED INFORMATION:**

**Is this demographic change for (mark one):**

- Member/Participant/Employer of Record**
- Member/Participant Only**
- Employer of Record Only**

Member/Participant Name: \_\_\_\_\_  
(Last) (First) (MI)

Member/Participant Medicaid #: \_\_\_\_\_

Employer of Record Name: \_\_\_\_\_  
(Last) (First) (MI)

(Member/Participant/Employer of Record) Social Security Number: \_\_\_\_\_  
(Please circle Participant or Employer of Record above for which the change pertains)

**COMPLETE ONLY SECTIONS THAT HAVE CHANGED**

- Name: \_\_\_\_\_
- Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
- Physical Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
- County: \_\_\_\_\_
- Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_
- Cell Phone: ( \_\_\_\_\_ ) \_\_\_\_\_
- Fax Number: ( \_\_\_\_\_ ) \_\_\_\_\_
- Email Address: \_\_\_\_\_
- Email Address (2): \_\_\_\_\_

**EMPLOYER:** If you have a change in your Name please provide a copy of your Social Security Card and mail with this Member/Participant/Employer Change Form to: CONDUENT P.O. Box 27460 Albuquerque, NM 87125-7460, you may also fax them to Toll Free Fax# (866) 302-6787.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_