

GT Independence Contact Information Change Form

Name:	(Please Print) Effective Dat	Effective Date:	
☐ I am the Person Served/Employer of Record (POA, Guardian, or Appointed Representative)			
☐ I am the Employee	ee (Provider, Caregiver, Worker)		
Diago work all the h	a ayaa that anni.		
Please mark all the bo	ooxes that apply.		
☐ Address Change			
□Mailing	☐ Physical		
Do you live wit	rith the Person Served/Employer of Record or the Empl	oyee □ Yes □ No	
New Address:	:		
City:	State: Zip Co	de:	
☐ Phone Number Ch	hange		
New Phone Nu	lumber:		
☐ Email Address Cha	iange:		
New Email Add	ddress:		
☐ Name Change:			
Previous Name	ne:		
New Name:			
Please Included the following:			
	☐ Updated Driver's License (In the New Nam	ne)	
	☐ State W4 Withholding Form		
	☐ Federal W4 Withholding Form		
I hereby guthorize the	ese changes as of the effective date above.		
Thereby duthonize the	ese changes as of the effective date above.		
			
Signature	Date		

Phone: 877-659-4500 O Fax: 888-972-3891 O E-mail: customerservice@gtindependence.com

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