

**EMPLOYER/MEMBER INFORMATION**

Name: \_\_\_\_\_  
                            First                            Middle                            Last

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - -

Physical Address: \_\_\_\_\_  
  Street, Apt/Unit #  
\_\_\_\_\_  
  City, State, Zip Code

Mailing Address: \_\_\_\_\_  
(if different)  Street, Apt/Unit # or PO Box  
\_\_\_\_\_  
  City, State, Zip Code

**POA/GUARDIAN INFORMATION (if applicable)**

Name: \_\_\_\_\_  
                            First                            Middle                            Last

Physical Address: \_\_\_\_\_  
  Street, Apt/Unit #  
\_\_\_\_\_  
  City, State, Zip Code

Mailing Address: \_\_\_\_\_  
(if different)  Street, Apt/Unit # or PO Box  
\_\_\_\_\_  
  City, State, Zip Code

**CONTACT INFORMATION:** \_\_\_\_\_ **Member/Client**      **OR**      \_\_\_\_\_ **POA/Guardian**

Phone # Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

**I want Jean Gottwald, Fiscal Agent to contact me by:**

Phone: ( ) Yes ( ) No      Email: ( ) Yes ( ) No      Mail: ( ) Yes ( ) No

\_\_\_\_\_  
***Signature of Member/Guardian/POA***

**Date:** \_\_\_\_\_