Fax or mail form to MRCI-CDS:
1961 Premier Drive #318, Mankato, MN 56001
HR Fax: 1-888-696-8552
HR Email: cdshr@MyMRCI.org

MRCI CDS Office Use
Copy to: ☐ **HR** ☐ **Admin**
Department: ☐ **150** ☐ **154**
Entered by
Verified by

Status Change Form

Effective date of change _____

Request to update information for:

Name _____
First M. Last

Client Name _____

Check all relationships that apply

☐ Employee/ Worker—Employee Number: _____
☐ Client Representative/ Managing Party
☐ Client
☐ Vendor

Complete only the sections that apply:

Name

*Change Name to _____
First M. Last

**** Note: Further information will be required to process a name change. HR will contact you directly with additional information that is needed.***

Address Change

Street Address _____

City_____ State _____ Zip Code _____

Phone

(_____) _____

Email

Employee _____ ☐ E-Timesheets/EVV ☐ General Info.

Representative _____ ☐ E-Timesheets/EVV ☐ General Info.

Signature: _____ ***Date:*** _____