

Information Change Form

Instructions: Write in the fields of the form that apply to the information you need to change in PPL's system. Not all fields need to be filled in. Send the finished form to PPL by fax at 833-920-0703, by email at ohiohomecare@pplfirst.com, or by mail to our address:

Public Partnerships LLC, 17 Plaza Drive, Suite 300 Latham, NY 12110.

I am (check one): A Self-Directed Caregiver A Representative

My PPL ID is: _____

Name Change Section

My prior name was (first, middle, and last): _____

My name has changed to (first, middle, and last): _____

Did you attach the identity documents showing the above name change? Yes No

Note: PPL cannot update name records without a copy of the new social security card and picture ID.

Contact Information Change Section

Remove my prior email address: _____

Add my email address: _____

Remove my prior cell phone number: _____

Add my cell phone number _____

Remove my prior home phone number: _____

Add my home phone number: _____

Remove my prior physical address: _____

Add my new physical address: _____

Remove my prior mailing address: _____

Add my new mailing address: _____

Agree and sign:

By signing below, I confirm that:

- The above changes I have requested are complete and correct.
- I am asking PPL to change the information in PPL's electronic system to match what I have entered above.

Your Signature: _____

Date: _____

Your Name (please print): _____