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| <input type="checkbox"/> <u>Change in Managing Employee</u> <ul style="list-style-type: none"> • New Managing Employee Name(s): _____ • Address: _____ • Date of Birth: _____ • Social Security Number: _____ |
| <input type="checkbox"/> <u>Change to Certification:</u> <ul style="list-style-type: none"> • Previous Certification: _____ • Current Certification: _____ Date of Change: _____ |
| <input type="checkbox"/> <u>Notification of Adverse Action to License:</u> <ul style="list-style-type: none"> • Action taken: _____ • By what Agency: _____ Date action effective: _____ |
| <input type="checkbox"/> <u>Notification of Bankruptcy Filing:</u> <ul style="list-style-type: none"> • Date of filing: _____ • Type: _____ • Attorney Name and Address: _____ _____ • Trustee Name and Address: _____ _____ |

Authorized Signature: _____ **Date** _____
 (Signature required to process change)

Print Name and Title: _____

- Please attach a separate piece of paper if necessary.
- Please either FAX Change of Information Form to **(401) 784-3892** or email to rienrollment@gainwelltechnologies.com within 35 days of the event prompting the reporting obligation