

EMPLOYER OF RECORD CHANGE ATTENDANT ATTESTATION FORM

Attendant Name: _____	CDCN ID Number: _____
Consumer Name: _____	CDCN ID Number: _____
New Employer of Record (EOR) Name: _____	

*The Consumer's elected EOR has changed. With this change in EOR, we need to update our records with the new employment relationship which may affect the tax exemptions that you qualify for. The EOR **must** complete a new EOR Enrollment Packet along with this form if they have not done so previously.*

Instructions to Attendant. CHOOSE ONE DESCRIPTION BELOW. Check the box that best describes your relationship to the EOR.

<input type="checkbox"/> Child of EOR <i>(check one box below)</i> <input type="checkbox"/> I am less than 21 years old. <input type="checkbox"/> I am 21 years old or older.	<input type="checkbox"/> Parent of EOR <i>(check one box below)</i> <input type="checkbox"/> Subject to FICA* <input type="checkbox"/> FICA Exempt**
<input type="checkbox"/> Spouse of EOR.	<input type="checkbox"/> Relation not listed above <i>(Please describe):</i> _____
<input type="checkbox"/> Not related to the EOR.	

EOR/Attendant Attestation

The purpose of this Attestation is to outline the new employer-employee relationship as listed above. The EOR and Attendant attest that the relationship defined above is accurate and both parties understand that future relationship changes must be submitted to CDCN within 5 days.

By signing below, the EOR and Attendant understand all rules and regulations as outlined in the original Attendant Attestation Form are still in effect. A blank version of the Attendant Attestation Form can be found here: <https://www.consumerdirectva.com/forms/virginia-premier-health-plan-forms/>

Employer of Record, Printed Name

Signature

Date

Attendant, Printed Name

Signature

Date

