



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.

Form with checkboxes for relationship types: Child of EOR, Parent of EOR, Spouse of EOR, Not related to the EOR, and Relation not listed above.

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/dmas-fee-for-service-forms/

Employer of Record, Printed Name

Signature

Date

Attendant, Printed Name

Signature

Date

