

Toll Free Numbers

Customer Service Phone: 1-866-836 6792

TTY System: 1-800-360-5899

Administrative Fax: 1-866-461-0195

Customer Service Email: PPLGADDW-cs@pcgus.com

Paperwork Email only: PPLGADDD@pcgus.com

**Interest Form –
 Transfer**

Representative Name (If applicable):	
Representative Address	
Will the representative act as the Employer of Record (EOR) for the Participant? (Please leave blank if you are not sure)	(Write Yes or No in box)
If the representative WILL act as the Employer of Record (EOR) for the Participant, please enter the Social Security Number of the representative:	
Phone Number of the Representative:	
Representative Email address	
Waiver Participant's Name:	
Wavier Type? COMP or NOW	
Waiver Participant's Date of Birth:	
Waiver Participant's Social Security Number:	
Waiver Participant's Medicaid ID Number:	
Waiver Participant's Address:	
Waiver Participant's PHONE Number:	
Waiver Participant's PHONE Number:	
Waiver Participant County:	
Waiver Participant Region: (1-6)	

Name of Waiver Participant's Support Coordinator:	
Name of Agency Support Coordinator Works for? (If Known)	
Support Coordinator's Phone Number:	
Support Coordinator's Email Address:	

(Please complete all sections that apply):

What Fiscal Agent are you transferring from? Acumen? _____ Continuum? _____

Have you received any paperwork from the previous Fiscal Agent that you would like to share with us?
 Yes _____ No _____ If yes, please return paperwork with this form.

Has your current Fiscal Agent been notified of your intent to transfer? Yes _____ No _____ If yes, when? AND by whom? _____

Has your current Support Coordinator been notified of your intent to transfer? Yes _____ No _____ If yes, when? AND by whom? _____

Number of employees Waiver Participant will hire? _____

If the Employer of Record will stay the same, please provide the following information: (This information can be obtained from the previous Fiscal Agent)

Employer Identification Number (EIN): _____

DOL Account Number (SUI): _____

GA DOR Withholding ID (SIT): _____