



Attendant Change of Information

Use this form to report any name, address, and phone or email changes. Please be sure the Attendant has signed the form.

Attendant Information			
Attendant ID:	Check all that apply: <input type="checkbox"/> Change of Name <input type="checkbox"/> Change of Address <input type="checkbox"/> Change of Phone <input type="checkbox"/> Change of Email Address		
Attendant First/Middle Name:		Attendant Last Name:	
Previous Name (if name change):	Date of Birth:	Phone Number:	Email Address:

New Physical Address			
Street Address:	City:	State:	Zip Code:

If you are changing your physical address information, please check one (required):

I reside in the household where I am employed Yes No

New Mailing Address			
Street Address:	City:	State:	Zip Code:

Attendant Signature

Date

To change your information with VA Cardinal Care, through Public Partnerships you may submit your changes by:

- Using the PPL Web Portal at: <https://pms/publicpartnerships.com/pplportal/login.aspx>
- Calling PPL Customer Service at: 1-833-549-5672
- Emailing to: vapplfax@pcgus.com
- Faxing this form to: 1-866-709-3319
- Mailing this form to: Public Partnerships LLC
4991 Lake Brook Drive, Suite 190
Glen Allen, VA 23060