

# Employee Change Form

## Current Information:

Name \_\_\_\_\_

Soc Sec Number \_\_\_\_\_

Are you also a Student or Alumni? ☐ Yes ☐ No

## New/Updated Information:

Effective Date of Change: \_\_\_\_\_

Name \* \_\_\_\_\_

\*\*(Please contact Help Desk to update your email address)

\*(If you are a student or alumni, we will also notify the Registrars of this change)

Address\* \_\_\_\_\_

\*You must also complete a Residency Certification Form

Phone Number \_\_\_\_\_

Emergency Contact & Phone Number \_\_\_\_\_

Family Status (please check appropriate box)

☐ Single

☐ Employee & Spouse

☐ Employee & Children

☐ Family

☐ Employee & One Child

Add Dependent

	Last Name	First Name	Date of Birth	

Remove Dependent

	Last Name	First Name	Soc Sec #	

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

For Office Use Only:

☐ Full Time/Benefit Eligible Employee

### Benefits

☐ Flex Benefit Enrollment

☐ Notify Medical Provider

☐ Notify Dental Provider

☐ Notify Vision Provider

☐ Notify COBRA/FSA Broker

☐ New Life Ins Beneficiary Form

☐ New TIAA/Fidelity Beneficiary Form

### Payroll

☐ Residency Certification Form

☐ Copy of Documentation to Registrars

☐ HRSysops (Name Change)