

PERSONAL CHANGE FORM

Effective Date: _____

NAME: _____

NEW ADDRESS: _____

CITY/STATE/ZIP: _____

TELEPHONE: (_____) _____ - _____

EMAIL ADDRESS: _____

OTHER:

☐ MARITAL STATUS (single, married)

☐ NAME CHANGE

☐ EMERGENCY CONTACT

☐ _____

*See Payroll Department for additional forms for changes, additions, etc.
for medical and dental, W-4 and Beneficiaries (Life Insurance, 401(k), etc.)*

Employee Signature _____ Date _____

OFFICE USE ONLY:

BENEFITS:

- ☐ HealthPartners
- ☐ Delta Dental
- ☐ Paycor
- ☐ Discovery
- ☐ Fidelity
- ☐ EASE
- ☐ PrintStream

NAME CHANGE:

- ☐ Badge
- ☐ Email/Resource Board/Sign In
- ☐ Name Plate
- ☐ Phone Directories
- ☐ Picture – Intranet/Skyway
- ☐ I-9 Form (Section 3)