

Personal Information Change Form

Please print all information in ink.

Name: _____ LIN or SS#: _____

Effective Date of Change: _____ Extension: _____

Department/Campus Address: _____

Please change my personal information as indicated below:

Name: _____
(You must attach a copy of your new Social Security card to change your name.)

Home Address: _____

Home Telephone Number: _____

Marital Status: Please provide supporting documentation i.e. marriage certificate, divorce decree, etc.

- | | | |
|----------------------------------|-----------------------------------|--|
| <input type="checkbox"/> Single | <input type="checkbox"/> Married | <input type="checkbox"/> Domestic Partnership (DP) |
| <input type="checkbox"/> Widowed | <input type="checkbox"/> Divorced | <input type="checkbox"/> DP Termination |

Please ADD REMOVE the following spouse/partner/dependent(s):

(Name) (Relationship) (Date of Birth) (SS#)

(Name) (Relationship) (Date of Birth) (SS#)

(Name) (Relationship) (Date of Birth) (SS#)

(Name) (Relationship) (Date of Birth) (SS#)

Please change my emergency contact person to:

(Name) (Phone Number) (Alternate Phone Number)

(Address)

Please send a "Request to Change Flexible Benefit Elections" form. Submission of a Request to Change Benefits Elections does not indicate approval of the requested changes. You will be notified of confirmation or denial of any changes.

Signature

Date