

**EMPLOYEE ADDRESS / STATUS CHANGE**

(Check all that apply)

ADDRESS CHANGE \_\_\_\_\_ (New DL required)      PHONE NUMBER CHANGE \_\_\_\_\_  
MARITAL STATUS \_\_\_\_\_ (New DL & SS required)      EMERGENCY CONTACT \_\_\_\_\_

NAME: \_\_\_\_\_ ID# \_\_\_\_\_

**ADDRESS CHANGE**

EFFECTIVE DATE: \_\_\_\_\_

NEW ADDRESS: \_\_\_\_\_

CITY/STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

**CHANGE IN MARITAL STATUS**

EFFECTIVE DATE: \_\_\_\_\_ MARRIED \_\_\_\_\_ DIVORCED \_\_\_\_\_

NAME FROM: \_\_\_\_\_ NAME TO: \_\_\_\_\_

Note: You must provide a copy of your marriage certificate or divorce decree to Human Resources in order to change your beneficiary on your pension plan and dependants on your health insurance, along with your updated Social Security card and Drivers License.

**CHANGE IN EMERGENCY CONTACT**

EFFECTIVE DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

**BIRTH/ADOPTION**

EFFECTIVE DATE: \_\_\_\_\_

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

DATE OF ADOPTION (DATE OF PLACEMENT): \_\_\_\_\_

When changing your address and/or marital status or number in family, you must take a copy of this form to the Human Resources office to sign your insurance and pension change forms. Call the Human Resources office if you have any questions about this.

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**

**Forward Copies to: Human Resources**