

IT IS THE RESPONSIBILITY OF THE EMPLOYEE TO **IMMEDIATELY** NOTIFY THE HUMAN RESOURCES DEPARTMENT OF ANY CHANGES IN THE FOLLOWING:

EMPLOYEE'S NAME (PLEASE PRINT) _____

() Name Change _____ () Phone Number _____

() Address Change _____

() Email Address _____

() Change in Marital Status _____ () Effective Date _____

(If notice of divorce – a copy of the entire divorce decree must be submitted.)**

() Spouse's Name _____ () Social Sec. # _____

() Birth of Dependent (Full Name) _____

(Verification of birth document must be submitted.)**

() Date of Birth of Dependent (Includes Spouse, Child) _____

() Dependent's Social Security Number _____

() Dependent Status Change (Include Name & Birthdate) _____

() Primary Beneficiary Change (Full Name) _____

() Beneficiary's Address _____

() Beneficiary's Birth Date _____ Relationship _____

() Secondary Beneficiary Change (Full Name) _____

() Beneficiary's Address _____

() Beneficiary's Birth Date _____ Relationship _____

() Change of Emergency Contact Person _____

() Daytime Phone # _____ () Evening Phone # _____

() Relationship _____

Employee Signature

Date

FAILURE TO NOTIFY THE HUMAN RESOURCES DEPARTMENT OF A CHANGE IN DEPENDENT STATUS WITHIN 30 DAYS MAY RESULT IN LAPSE OF INSURANCE COVERAGE(S) AND THE RESPONSIBILITY OF THE EMPLOYEE TO REIMBURSE THE CITY FOR PREMIUM OVERAGES AND PRESCRIPTION COSTS MADE ON BEHALF OF DEPENDENT(S) NO LONGER QUALIFIED FOR COVERAGE.

Completion of this form does not change your personal exemptions for your income tax. New W-4 forms will need to be completed, should you decide to change your withholding amounts.

Please note, the employee portal is available to employees to view and make changes to phone number, address, emergency contacts and various other items.