

Employee Information		
Last Name	First Name	M.I.
Department	Employee Number	
SSN	Home Phone Number	

Name or Address Change			
<input type="checkbox"/> Name Change <input type="checkbox"/> Address Change	New Last Name	First	M.I.
	Street Address		
	City	State	Zip

Change in Status	
<p><i>Please note, this document will not change health elections, tax withholdings, or beneficiaries. Please visit the Human Resources Department to complete and submit all required documentation. To finalize changes, you must submit proof of marriage, name change, birth, adoption or divorce; this completed form; and any additional paperwork provided by Human Resources. Human Resources cannot change elections unless provided all necessary documentation and the burden of providing necessary documentation during the required time period is solely on that of the employee.</i></p>	
<input type="checkbox"/> Marital Status <input type="checkbox"/> Number of Dependents <input type="checkbox"/> Spouse/Dependent's Eligibility	<input type="checkbox"/> Change of Beneficiary <input type="checkbox"/> Other (please describe)
Please explain changes:	

Authorization	
<p><b>Changes must be made within 30 days of qualifying event.      Date of qualifying event:</b></p>	
<p>I understand that to finalize changes to health benefits, tax withholdings, and beneficiaries I must complete and submit additional forms. These forms are available at the Human Resource Department.</p>	
Employee Print Name _____	Employee Signature _____

Human Resource Use			
<input type="checkbox"/> Received	Date _____	<input type="checkbox"/> Supporting Documents	Date Received _____
<input type="checkbox"/> Incode	Date _____	<input type="checkbox"/> Submitted to Finance	Date Completed _____
<input type="checkbox"/> Health	Date _____		
<input type="checkbox"/> Pension	Date _____		
<input type="checkbox"/> MetLink	Date _____	Complete Date _____	By _____