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| **Required Fields** |
| Name       |
| Please provide a preferred contact number and time should we have any questions.       | Department       |
| **Note: You may enter any and all information you wish to change. *Please skip any section you wish to leave unchanged*** |

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| ADDRESS(Leave mailing address blank if same as home address)  |
| Home Address | Effective Month:       | Day:  |       | Year: |       |
| Address Line 1       | Address Line 2       |
| Address Line 3       | City       | State       | Zip       | County       |
| Mailing Address | Effective Month:       | Day:  |       | Year: |       |
| Address Line 1       | Address Line 2       |
| Address Line 3       | City       | State       | Zip       | County       |
|  |
| PHONE(Please check only one preferred number) |
| [ ]   | Home # |       |  |  | [ ]   | Mobile # |       |
|  |
| **EMAIL ADDRESS** |
| Home Email |       |  | Business Email |       |

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| **EMERGENCY CONTACT** (contacts entered below will replace any emergency contacts currently in the system)  |
| **Primary** |
| Name       | Relationship       |
| Address       | City       |
| State       | Zip       | Home Phone       | Work Phone       |
| **Secondary** (optional)  |
| Name       | Relationship       |
| Address      | City       |
| State       | Zip       | Home Phone       | Work Phone       |
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| **NAME CHANGE(Changes require a copy of a government issued identification card or a record of a legal name change)**  |
| **New Name**  |
| Prefix      | First Name      | M.I.      | Last Name      | Suffix      |
|  |  |  |  |  |

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| **MARITAL STATUS (Changes require a copy of your certified marriage certificate)**  |
| Effective Month       Day      Year     [ ]  Single [ ]  Married [ ]  Divorced [ ]  Separated [ ]  Widowed |

**ADDITIONAL INFORMATION**

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| **Note:** Employees making changes to their information are responsible for notifying other related parties, such as: |
| * Great West 877.457.1900
 | * Boston Mutual 800.669.2668
 |
| * Nationwide 877.677.3678
* Cafeteria Plan Advisors 781.848.9848
 | * Colonial Life 401.439.8700
* Aflac 860.490.1981
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| **AUTHORIZATION** I authorize the Town of Somerset to make the appropriate changes to my employee data as noted on this form. |
| ***Employee Signature Date*** |