|  |  |
| --- | --- |
| **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*** | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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 | | | | | | | |  | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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 |
|  | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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 | |
|  |  |  |  | |  | |

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

**ADDITIONAL INFORMATION**

|  |  |
| --- | --- |
| **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*** |