



**EMPLOYEE INFORMATION CHANGE FORM**

Name: (former) \_\_\_\_\_ ID# or SSN \_\_\_\_\_

Effective Date: \_\_\_\_\_

**Please check all that apply:**

Address Change

- Must submit a new W-4 and Residency Certification Form for local tax withholding purposes.
- Please indicate your local tax withholding rate \_\_\_\_\_% If you are unsure check with tax preparer.

Phone Change

Name Change

- Must submit a new Social Security Card as the IRS requires the Social Security Card to match payroll records

**Address Change:**

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Phone Change:**

Phone Number: \_\_\_\_\_

**Name Change:**

First \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

**Please elect the King's College benefits that you have that with us:**

Health Care

Vision

Dental

Are you participating in the TIAA CREF retirement program? To update your name, address, and/or beneficiary information please log on to your online account or contact them at 800-842-2776.

**Signature**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Office Use Only:**

- |                               |   |  |
|-------------------------------|---|--|
| <input type="checkbox"/> CHCK | <input type="checkbox"/> E-mail Vendors | <input type="checkbox"/> Staff Notice-if name change |
| <input type="checkbox"/> ADR  | <input type="checkbox"/> ETAX           | <input type="checkbox"/> BIO- marital status         |

**Turn Over**

**Since you have experienced a change you may also want to consider the below steps at this time:**

**Will this name change lead to a change in insurance benefits:?**

- You have only 31 days to make benefit changes as a result of marriage, divorce, or legal separation. Go to <http://www.kings.edu/hr/benefits> to get a Blue Cross Enrollment/Change form or contact Human Resources to receive the appropriate paperwork.
- If you will be removing your former spouse due to divorce/legal separation it is required you supply a legal document or decree showing the divorce/legal separation.

**Did you have changes in your family status and would like to elect, change or drop medical spending?**

- You may elect coverage, change your annual election, or drop coverage as a result of a qualifying change in family by completing the Enrollment Change Form within 31 days from the date of the qualifying change in family. Please contact Human Resources for an Enrollment Change Form.

**Will you need to change beneficiaries for your Life Insurance/Accidental Death & Dismemberment Insurance?**

- Visit <http://www.kings.edu/hr/benefits> to print and complete a Standard Insurance Enrollment & Change form or contact Human Resources.

**Have your emergency contacts changed?**

- These are the people that will be contacted if something happens to you. Visit <http://departments.kings.edu/hr/NewForms/New%20Employee%20DemographicDataCard2009.pdf> to acquire a Employee Demographic Card where you can update your emergency contact information or contact Human Resources.

**Are you participating in a TIAA CREF retirement plan?**

- To update your name, address, and beneficiaries please log on to [tiaa-cref.org](http://tiaa-cref.org) or call 800-842-2776.