

Employee Information Change Form

CURRENT INFORMATION

Name: _____
 Last First MI
Social Security Number: _____ **Department:** _____

ADDRESS/TELEPHONE CHANGE

New Address: _____
 Number and Street Apt Number City State Zip Code
New Telephone Number: (____) _____ **New E-Mail Address:** _____
Reminder: Update the County Emergency Alert System Form

NAME CHANGE

New Name: _____
 Last First MI
Social Security regulations require that your Social Security Number and Name on your Paycheck be the same as the name and number on your Social Security Card. Please attach a copy of your new Social Security Card as proof of your name change. Contact Social Security Administration at 1-800-772-1213 to request a new card. **Your name cannot be changed without proof from Social Security Office.**

MARITAL STATUS CHANGE: Single Married Divorce Widowed

If you wish to change to your tax withholdings, please complete a new W4 form and return it to Payroll.

QUALIFYING LIFE EVENT (must be reported within 30 days)

Grand Forks County provides the opportunity to make changes to your benefit elections when an employee experiences certain qualifying life events outside of the open enrollment period. Please see Human Resources if you have experienced one of the following:

- Birth or Adoption of Dependent
- Marriage or Divorce
- Death of Spouse or Dependent
- Dependent Gains or Loses Eligibility for Benefits

Please be advised that Grand Forks County requires verification of all covered dependents. Such verification could include a copy of: Marriage Certificate, Birth Certificate, Court Documents, etc.

EMERGENCY CONTACT INFORMATION (Enter the person(s) you would want called in an emergency)

PRIMARY: _____ Relationship: _____
 First Name Last Name
Address: _____
 Number and Street Apt Number City State Zip Code
Phone: (____) _____ (During working hours)
ALTERNATE: _____ Relationship: _____
 First Name Last Name
Address: _____
 Number and Street Apt Number City State Zip Code
Phone: (____) _____ (During working hours)

Employee's Signature: _____ **Date:** _____