

# CONFIDENTIAL

CITY OF FORT BRAGG

## PERSONAL INFORMATION CHANGE

Please Print or Type

**NOTE: It is your responsibility to notify other institutions of applicable changes (For example, DMV, Social Security Administration, your bank, investment firms, etc.)**

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

Please Check Appropriate Box and Enter New Information.

New Physical Address: \_\_\_\_\_  
Street City State Zip

New Mailing Address: \_\_\_\_\_  
Street / PO Box City State Zip

New Phone Number: \_\_\_\_\_ ( ) \_\_\_\_\_

New Cell Phone Number: \_\_\_\_\_ ( ) \_\_\_\_\_

Change of Marital Status:  
 Marriage  Legal Separation  Divorce  Widowed

Change of Name: \_\_\_\_\_

Add/Delete Dependent: \_\_\_\_\_  
Full Name Date of Birth

Blue Cross: Request and Complete Change Form

Delta Dental: Request and Complete New REMIF Enrollment Form

Emergency Notification: \_\_\_\_\_  
Full Name

\_\_\_\_\_  
Phone Number Relationship

Other: \_\_\_\_\_  
\_\_\_\_\_

Signature

Date

### THIS SECTION IS FOR HR USE ONLY

#### Update:

- Springbrook
- Employee Call Out List
- I-9 (Name Change Only)
- HCOOnline/HealthComp

#### Notify:

- Lincoln (Life/LTD)
- AFLAC
- CalPERS
- FBPA/SEIU
- Empower 457b