

Human Resources

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EMPLOYEE INFORMATION CHANGE FORM

Name: (former	·)		ID# or SSN
Effective Date:	1		
Please check all that apply:			
□ Address C	Change		
 Must 	submit a new W-4 and Residency	Certifi	cation Form for local tax withholding purposes.
 Pleas 	se indicate your local tax withholdin	ng rate	% If you are unsure check with tax preparer.
■ Phone Ch	ange		
■ Name Cha	ange— Marriage Div	orce/	Other
• Must	submit a new Social Security Card	l as the	e IRS requires the Social Security Card to match payroll records
Address Change:			
Street:			
City:	S	tate:	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:			
□ CHCK	■ E-mail Vendors		Staff Notice-if name change
□ ADR	■ ETAX		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 <u>tiaa-cref.org</u> or call 800-842-2776.