



# Life Status and Information Change Form

## Employee General Information

Employee Name on Record: \_\_\_\_\_

Employee's New Legal Name (if applicable): \_\_\_\_\_

Employee #/Timekeeper ID: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Social Security Number: XXX - XX - \_\_\_\_\_

Site Location: \_\_\_\_\_

Job Title \_\_\_\_\_

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

## Reason for Change (check all that apply)

- Marriage:** Attach a copy of two of the following: Marriage Certificate, Social Security Card, and/or Drivers License (both should reflect new name)
- Divorce:** Attach a copy of 1st page & Signature page of Divorce Papers OR Social Security Card and Drivers License (both should reflect legal name)
- Do you need to **Change your Beneficiaries** on your Benefits? \_\_\_\_\_ (Yes or No)
- If your life/family status change has occurred during the past 30 days**, do you need to **Change any of your Insurance Elections?** \_\_\_\_\_ (Yes or No)  
(i.e. add/remove a dependent(s), add, change, or cancel a policy)

**Return Form to: Christy Hayes, Benefits Coordinator**

Office Use Only:

eBenefits \_\_\_\_\_ Ben Select \_\_\_\_\_ LINQ \_\_\_\_\_ Email/IT \_\_\_\_\_