



NOTICE OF CHANGE IN VITAL STATISTICS

Employee Retiree

TO BE COMPLETED BY HR					
EMPLOYEE:	<input type="checkbox"/> MUNIS	<input type="checkbox"/> UHC	<input type="checkbox"/> DENTAL	<input type="checkbox"/> VISION	<input type="checkbox"/> WRS
RETIREE:	<input type="checkbox"/> MUNIS GENERAL				
	<input type="checkbox"/> MUNIS AR				
	<input type="checkbox"/> 20 YEAR CLUB				
	<input type="checkbox"/> UHC				
<input type="checkbox"/> WATER / WW					

Name: _____ Date of Change: _____

SSN: _____ Employee No.: _____

- Change of Name
- Change of Telephone No.
- Change of Address
- Addition/Deletion of Dependent(s)
- Change of Marital Status

Previous: *Change of Name, Telephone or Address Information*

Last First Middle

Address City State Zip Telephone No.

Present: *Change of Name, Telephone or Address Information*

Last First Middle

Address City State Zip Telephone No.

Addition/Deletion: *Dependent(s) -- Children*

Action Code: Add Drop Gender: Male Female Relationship: Child Step Child

Last Name First Name Middle DOB

Action Code: Add Drop Gender: Male Female Relationship: Child Step Child

Last Name First Name Middle DOB

Action Code: Add Drop Gender: Male Female Relationship: Child Step Child

Last Name First Name Middle DOB

Marriage: *Adding a Spouse*

Date of Marriage Spouse's Name DOB SSN

Divorce:

Date of Divorce Spouse's Name

Address City State Zip Telephone No.

Employee Signature: _____ Date: _____