

Personal Data Changes

Complete Participant Information, then only the sections you are changing. Some changes need supporting documentation — check with your HR Administrator.

How to use: Click a field and type. Check boxes by clicking them. Use Tab / Shift+Tab to move. Print or Save As to keep your entries.

Participant Information

Employee ID

First Name

Middle Name

Last Name

Effective Date

(MM/DD/YYYY)

Change Address

For U.S. addresses, Address 1 must be filled in. Address 2 / 3 are optional.

Home Address Information

Country

Address 1

Address 2

Address 3

For Foreign Addresses Only

City

State

Zip (Postal)

County

Mailing Address Information (Complete only if different than home address)

Same as Home Address

☐ Yes

Status (select from dropdown)

☐ Active☐ Inactive

Country

Address 1

Address 2

Address 3

For Foreign Addresses Only

City

State

Zip (Postal)

County

Change Contact Details — Phone

Phone Number Information (Mark one as preferred)

Business

Number

Extension

☐ Preferred

Home

Number

Extension

☐ Preferred

Personal Number

Number

Extension

☐ Preferred

Change Contact Details — Personal Email

Email Information (Mark one as preferred)

Email Option

(choose one)

☐ Agency Provided Email☐ Pending Agency Provided Email☐ Employee Provided Email

Business

Email

☐ Preferred

Personal

Email

☐ Preferred

Change Name — supporting documentation needed

Name Information

Change As Of

(MM/DD/YYYY)

Name Prefix

First Name

As shown on your identification card

Middle Name

As shown on your identification card

Last Name

As shown on your identification card

Name Suffix

Change Ethnic Group

Ethnic Group Information (Add New or Edit Existing)

Ethnic Group 1

☐ Primary

Ethnic Group 2

☐ Primary**Change Emergency Contact****Emergency Contact Information (Add New or Edit Existing)**

Contact Name

Relationship to Employee

☐ Primary Emergency Contact

Address same as Employee

(Choose one)☐ Yes ☐ No

Country

Address 1

Address 2

Address 3

City

State

Zip (Postal)

County

Same as Employee

(Choose one)☐ Yes ☐ No

Phone Number

Change Additional Personal Information*Preferred gender & pronoun, date of birth, and disability status are in the sections below.***Preferred Gender & Pronoun**

Preferred Gender

(choose one)☐ Male ☐ Female ☐ Non-Binary

Preferred Pronoun

(choose one)☐ She/Her ☐ He/Him ☐ They/Them**Changing Date of Birth**

Date of Birth

*(MM/DD/YYYY)***Disability Status**

Yes, I have a Disability (or previously had a disability)

(choose one)☐ Yes ☐ No ☐ I do not wish to answer**Change Covered Dependent Personal Data****Dependent Information**

First Name

Middle Initial

Last Name

Suffix

(Jr, Sr, II)

Date of Birth

(MM/DD/YYYY)

Gender

☐ Male ☐ Female ☐ Unknown

Relationship to Employee (Dependent 1)

Marital Status

(choose one)☐ Single ☐ Married ☐ Divorced ☐ Widowed

Student

(choose one)☐ Yes ☐ No

Disabled

(choose one)☐ Yes ☐ No

Address

Social Security Number

Phone Number

Email

Additional Dependent (Optional)

First Name

Middle Initial

Last Name

Suffix

(Jr, Sr, II)

Date of Birth

(MM/DD/YYYY)

Gender

☐ Male ☐ Female ☐ Unknown

Relationship to Employee (Dependent 2)

Marital Status

Student

(choose one)☐ Yes ☐ No

Disabled

(choose one)☐ Yes ☐ No

Address

Social Security Number

Phone Number

Email

Signature

Your Signature

Date

(MM/DD/YYYY)

*Return the completed form to your employer's HR Administrator.***TLC Program — Complete this page only if you belong to the TLC program***Certification: the information on this form and in supporting documentation is complete and accurate to the best of your knowledge.*

Date Sent to DHRM — Month

Date Sent to DHRM — Day

Date Sent to DHRM — Year

DHRM Group Number

Authorized by — Name

Authorized by — Phone

Send the authorized form to your TLC contact on file with DHRM (email / fax / mail as directed by your agency).