Personal Information Update Form



Use this form to submit a change in your name, home address, phone number, e-mail address and emergency contact. You do not need to fill in every section of this form if it's not relevant to your change.

When the information you submit is entered into the payroll system, that information is shared with the health and insurance benefit plans, state retirement system and county deferred compensation plan so that you don't have to contact them yourself. However, this form is not used to provide information to your union or credit union – you will need to contact them separately. Any other job, employment or personal data update requires completion of a Personnel Change Notice, which is available from your payroll or human resources representative.

Please return this Personal Information Update Form to your payroll or human resources representative.

If you're submitting this form because of a family status change or a qualifying life event, you may be able to make changes to your health and insurance coverage, and you may want to update your beneficiary information. If so, you can find information about these changes and forms at www.kingcounty.gov/employees/benefits/forms. You may also contact Benefits, Payroll and Retirement Operations at 206-684-1556 or *kc.benefits@kingcounty.gov* if you have questions.

Please print information on this form. Middle Employee ID No. **Employee** Last First Effective date of change name Name Previous last name First Middle New last name First Middle change Reason for name change ☐ Marriage ☐ Divorce ☐ Other Address New home address New mailing address (if different from home) change Address County **Address** County City City ZIP ZIP State State Phone number change Primary phone number Secondary phone number E-mail address change Primary e-mail address Secondary e-mail address **Emergency** Primary emergency contact Secondary emergency contact contacts Last name First Middle Last name First Middle Relationship to employee Relationship to employee ☐ Same address/phone as employee ☐ Same address/phone as employee Address Address County County City State ZIP City State ZIP Phone number Phone number (206)(206)Authorization This information is true, correct and complete, and amends previously submitted information. Signature _

Date

Entered by