



EMPLOYEE INFORMATION UPDATE PAGE 1

EMPLOYEE NUMBER: _____ TODAY'S DATE: _____

NAME: _____
Please print

Please check all that apply and fill in below:

- ☐ New Name
- ☐ New Address
- ☐ New or Additional Phone Number(s)

NEW NAME: _____
First Middle Last

Change name on email and network accounts? Yes ☐ No ☐

NEW ADDRESS: _____
Street Address

City State Zip

NEW PHONE(S): (_____) _____ (_____) _____
Home Cell

EFFECTIVE DATE: _____

Please turn in this completed form to Human Resources.
Your internal personnel and payroll information will be updated.

Give this page to Human Resources; keep Page 2.

EMPLOYEE INFORMATION UPDATE, PAGE 2

The following information is listed for your convenience as possible places you may wish to update.

INSURANCE:

TYPE	COMPANY	NAME of FORM or PHONE	LOCATION of FORM
Medical	HealthPartners	Change Application	Forms drawer #3 in City Hall copy room
Dental	Delta	Membership Maintenance Form	Forms drawer #3 in City Hall copy room
Health Savings Account	OPTUM	Health Benefit Services	Online (use your personal login)
Life	PERA	Prudential Change of Beneficiary and/or Name	Forms drawer #7 in City Hall copy room
Life (basic or supplemental)	Mutual of Omaha	Request for Change of Beneficiary	Forms drawer #7 in City Hall copy room

OTHER:

TYPE	COMPANY	FORM or PHONE	LOCATION of FORM or WEBSITE
Retirement	PERA	PERA Change Form (Change of Name, Address and/or Beneficiary)	Forms drawer #3 in City Hall copy room
Deferred Comp	MNDP	Beneficiary Info Change Request	Forms drawer #7 in City Hall copy room Forms drawer #7 in City Hall copy room
Deferred Comp	ICMA	Employee Change Form	Forms drawer #7 in City Hall copy room
Post Employment Health Care	MN State Retirement System	Change Request Beneficiary info	Forms drawer #7 in City Hall copy room

Reminder: Contact your bank and/or Credit Union directly.

NOTE:

If you wish to change your tax withholding and/or direct deposit information, please see HR.

Keep this page; give Page 1 to Human Resources.