



CITY OF WISCONSIN RAPIDS EMPLOYEE CHANGE REQUEST FORM



Return completed form to City of Wisconsin Rapids' Human Resources Department.

INSTRUCTIONS: Check and complete the changes that apply and sign where indicated.

ASP10005

Section 1 - Employee Information Changes				
Employee Last Name	First Name	MI	ID Number	
Spouse Last Name	First Name	MI		
Marital Status: Married Single Widowed Divorced/Separated				
Name Change	Change From	Change To	Reason For Change	
	If Married, Spouse's Name	Date Of Marriage	Date of Divorce, If Applicable	
Phone Number Change	Home	Change To		
	Work Cell			
Email Address Change	Change To			
Address Change	Residence Address Mailing Address	Street		Apartment Number
		City	State	ZIP Code
Plan Change	Change To			

Section 2 - Adding or Deleting Coverage for Spouse and Dependents						
Addition Of Spouse Or Dependents						
Last Name	First Name	MI	Gender M F	Date Of Birth	Relationship To Member	Social Security #
Last Name	First Name	MI	Gender M F	Date Of Birth	Relationship To Member	Social Security #
Last Name	First Name	MI	Gender M F	Date Of Birth	Relationship To Member	Social Security #
Deletion Of Spouse or Dependents						
Last Name	First Name	MI	Date Of Birth	Termination Date		
Last Name	First Name	MI	Date Of Birth	Termination Date		
Last Name	First Name	MI	Date Of Birth	Termination Date		

Employee Signature _____ Date _____