

TOWN OF CONCORD
CONCORD, MASSACHUSETTS 01742

EMPLOYEE CHANGE OF INFORMATION FORM

Please complete all sections of the form

Address: Name: Phone Number Emergency Contact Info Marital Status *
* If checked, please contact Human Resources at X3025

Change Effective Date: ____ / ____ / ____

EMPLOYEE INFORMATION:

NAME:		FORMER NAME: (if applicable)	
MAILING ADDRESS:			
STREET ADDRESS: (if different)			
HOME PHONE:		CELL PHONE:	
MARITAL STATUS:			

EMERGENCY CONTACT INFORMATION:

NAME:		RELATIONSHIP:	
STREET ADDRESS:			
HOME PHONE:		CELL PHONE:	
WORK PHONE:			

**Check boxes below if you are enrolled in any of these benefit programs through the Town of Concord.
The Human Resources office will send copies of this form to your department, benefit providers, Payroll, and Retirement.**

<input type="checkbox"/>	TUFTS HEALTH PLAN	<input type="checkbox"/>	FLEXIBLE SPENDING PROGRAM
<input type="checkbox"/>	FALLON HEALTH PLAN	<input type="checkbox"/>	VOYA DEFERRED COMP
<input type="checkbox"/>	HARVARD PILGRIM HEALTH CARE	<input type="checkbox"/>	ICMA RC DEFERRED COMP
<input type="checkbox"/>	GUARDIAN DENTAL	<input type="checkbox"/>	

Signature: _____ Date: _____

When complete, send original form to Human Resources

(You may want to take this opportunity to update your beneficiary information and change your W-4. The following forms are available in the Human Resources Office: W-4 Forms, Beneficiary Change Forms for Guardian Life, VOYA, ICMA-RC. Beneficiary Change Forms for the Concord Contributory Retirement System are available from the Retirement Office, ext. 3069.)

For HR Department Use Only:

Original: Employee File
CC: Benefits File; Department (& Division if applicable); Payroll; Retirement (if applicable); benefit providers, GBS, CPA
Notify IS and update staff directory with any name changes

Entered into Trak-It: _____

Amended 10/27/15