



CHANGE OF EMPLOYEE PERSONAL INFORMATION

MARK ONE:

MAIL TO:

- Faculty
Unclassified (Administrative)
Classified (Hourly Civil Service)
Graduate Student

Name Kent State University ID or Last 4 Digits of SS#

Change in Name to: Note: It is your responsibility to notify the Social Security Administration of your name change.

Change in Residence Address to: County:

Note: If this is in a different school or tax district, new forms are required. Contact Payroll or download the forms from the Payroll website at http://www.kent.edu/payroll/taxation

- If your Residence Address is not the address you wish to be printed on your payroll checks and W-2, please indicate mailing address for payroll check and W-2:
Change home phone number to:
Change campus phone/location to:
Change campus fax number to:
Change emergency contact to: Relationship
Phone number of emergency contact during your regular work schedule:
Address of emergency contact during your regular work schedule:

- Change marital status to:
Married Date Spouse's name Spouse DOB Spouse SS#
Divorced Date Address of Divorced Spouse
Widowed Date
Separated Single

- Change title to (circle one):
Mr. Mrs. Miss Ms. Prof. Dr. Prefer No Title

I wish to add/delete My Dependents to/from the following plans*:
Note: You may only make certain changes during a qualifying life status event and changes must be made within 31 days of the qualifying event.

- Add to Medical Delete from Medical Add to Dental Delete from Dental
Name DOB Gender SS#
Add to Medical Delete from Medical Add to Dental Delete from Dental
Name DOB Gender SS#
Add to Medical Delete from Medical Add to Dental Delete from Dental
Name DOB Gender SS#

Signature Date

For Human Resource Services use only:
Distribution: File Benefits Payroll Records adjustment(s) made

Name Change: It is your responsibility to notify the Social Security Administration of your name change. You must provide Human Resource Services with a copy of your social security card reflecting this name change in order to process a name change request.

Adding/Deleting Dependents from your Medical/Dental Group coverage: The following life status events are considered qualifying events which allow you to make changes to your group medical and dental plans **within 31 days** of the occurrence of the qualifying event. Due to the time sensitive nature of these changes, notice of the qualifying event and documentation required must be received by the Benefits Office within 31 days of the qualifying event in order for the change to be granted. If notice and supporting documentation are not received within 31 days, then changes will not be approved. Qualifying events and documentation required are listed as follows:

Event	Insurance changes allowed	Documentation required
Marriage of employee	Add/delete dependents. Change plan type.	Copy of marriage certificate. Change of Employee Personal Information Form.
Divorce of employee	Add/delete dependents. Change plan type.	Copy of divorce decree. Change of Employee Personal Information Form.
Death of spouse or child	Add/delete dependents. Change plan type.	Copy of death certificate. Change of Employee Personal Info. Form.
Termination of a dependent child's eligibility	Add/delete dependents. Change plan type.	Written request from employee indicating why no longer dependent (i.e. marriage, no longer financially dependent, etc.). Change of Employee Personal Info. Form.
Birth of child	Add dependent. Change plan type.	Change of Employee Personal Information Form.
Birth of grandchild	Add dependent. Change plan type.	Copy of birth certificate, Change of Employee Personal Info. Form, and signed and notarized Proof of Dependency form.
Adoption of child	Add dependent. Change plan type.	Copy of adoption certificate, Change of Employee Personal Information Form
Legal guardianship of child	Add dependent. Change plan type.	Copy of guardianship papers, Change of Employee Personal Information Form.
Termination of spouse's employment	Enrollment in or change to current plan.	Documentation from spouse's employer, Change of Employee Personal Information Form
Full-time to part-time by spouse	Enrollment in or change to current plan	Documentation from spouse's employer, Change of Employee Personal Information Form
Layoff of spouse	Enrollment in or change to current plan	Documentation from spouse's employer, Change of Employee Personal Information Form
Return to work from layoff by spouse	Enrollment in or change to current plan	Documentation from spouse's employer, Change of Employee Personal Information Form
Retirement of spouse	Add/delete dependents. Change plan type.	Documentation from spouse's employer, Change of Employee Personal Information Form
*If you are adding dependents to your dental plan, you will need to contact the appropriate customer service number on your identification card to specify your primary care dentist in order to maximize your benefits.		
During a qualifying life status event there are many factors to consider. We encourage you to visit the University Benefits website under Employee Services, "Life Events" at http://www.kent.edu/hr/benefits. The University Benefits website will provide you with additional guidance when experiencing a personal life event. You may also contact the Benefits Office at 330-672-3107 with any questions.		

To change your Life Insurance Beneficiary: You may download a Beneficiary Change Form from the HR Forms Library at <http://www.kent.edu/hr/benefits-forms-and-information> or contact the Benefits Office at 330-672-3107 to request a form.