

EMPLOYEE UPDATE FORM



Name: _____

Employee ID: _____

Enter ONLY items that are changing below.

PERSONAL CONTACT INFORMATION

Mailing Address:

Street _____

City _____ State _____ Zip code _____

Email Address: _____ Phone: _____

Note: Contact info will be updated with benefit carriers & shared with ATU as necessary (rep employees only)

EMERGENCY CONTACT

Name: _____ Phone: _____ Relation: _____

EMPLOYEE NAME (LEGAL)

New Legal Name*:

First _____ Middle _____ Last _____

*updated social security card required

EVENTS THAT AFFECT HEALTH INSURANCE COVERAGE

- | | |
|--|-------------------------------|
| <input type="checkbox"/> Marriage | Date of marriage: _____ |
| <input type="checkbox"/> Birth/adoption of child | Date of birth/adoption: _____ |
| <input type="checkbox"/> Divorce | Date of divorce: _____ |
| <input type="checkbox"/> Legal separation | Date of separation: _____ |
| <input type="checkbox"/> Death of dependent | Name: _____ Date: _____ |

EMPLOYEE PREFERENCES

Preferred Name: _____

Pronouns: _____ / _____

Please update (check all that apply):

- | | | |
|---|--|--|
| <input type="checkbox"/> Name tag | <input type="checkbox"/> Include pronouns? Yes | <input type="checkbox"/> Use preferred name rather than legal? Yes |
| <input type="checkbox"/> Name badge (swipe ID card) | | <input type="checkbox"/> Yes |
| <input type="checkbox"/> Work email (if applicable) | | <input type="checkbox"/> Yes |

Signature (required): _____

Date: _____

EMPLOYER SECTION

- Official Notice Vista Simon Navia DRS HSA