

## EMPLOYEE PERSONAL INFORMATION FORM

EMP ID: \_\_\_\_\_

### Reason For Change

Select all that apply:

<input type="checkbox"/> Change of Address/Phone	<input type="checkbox"/> Change in Marital Status
<input type="checkbox"/> Change Emergency Contact	<input type="checkbox"/> Name Change

Questions?  
910 341-0231  
Kasey Newsome

Marital Status:    **Single**    **Married**    Spouse's Name:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Old Name:

Current Address: \_\_\_\_\_ Apt.# \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address:  
(If different from above)

Primary Phone #: \_\_\_\_\_ Secondary Phone #: \_\_\_\_\_

Personal Email Address: \_\_\_\_\_ @ \_\_\_\_\_

*When changing your name, a copy of your Social Security Card is necessary for validation*  
*Please bring this form and a copy of your SS card **IN PERSON** to Human Resources*

### EMERGENCY CONTACT INFORMATION

Person to Contact in the Event of Emergency:

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

Primary Phone #: \_\_\_\_\_ Secondary Phone #: \_\_\_\_\_ Company: \_\_\_\_\_

#### Do you also want to change?

<input type="checkbox"/> Change beneficiaries for supplemental insurance	<input type="checkbox"/> Add/drop dependents for health/dental/vision
<input type="checkbox"/> Change beneficiaries for 401K/457/pension fund	<input type="checkbox"/> Change city email address

*Please note that all changes must be made **within 30 days of the Qualifying Event***

*To add any dependent in your Health/Dental/ Vision Insurance a proof of dependency is necessary*

Documents accepted to add /drop dependent:

-  Birth Certificate
-  Marriage Certificate
-  Separation/Divorce Papers

 Email this form to:  
[Kasey.Newsome@wilmingtonnc.gov](mailto:Kasey.Newsome@wilmingtonnc.gov)

*The above information may be used to contact you if necessary, or in the event of an EMERGENCY, to contact the individual designated.*

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_