

COUNTY OF COLUSA  
PERSONAL INFORMATION  
EMPLOYEE CHANGE FORM

**\*\* PLEASE PUT AN ASTERISK BY CHANGE\*\***

DEPARTMENT NAME \_\_\_\_\_ DEPARTMENT # \_\_\_\_\_

EMPLOYEE NAME \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**MAILING ADDRESS** \_\_\_\_\_  
P.O. BOX \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

**PHYSICAL ADDRESS** (required by CalPERS) \_\_\_\_\_  
STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

If you are enrolled in a deferred compensation plan other than CalPERS you must contact the provider directly for any changes

HOME PHONE # ( \_\_\_\_\_ ) - \_\_\_\_\_

CELL PHONE # ( \_\_\_\_\_ ) - \_\_\_\_\_

HOME EMAIL ADDRESS \_\_\_\_\_

EMERGENCY CONTACT RELATIONSHIP \_\_\_\_\_

EMERGENCY CONTACT NAME \_\_\_\_\_

EMERGENCY CONTACT PHONE ( \_\_\_\_\_ ) - \_\_\_\_\_ (HOME)

( \_\_\_\_\_ ) - \_\_\_\_\_ (WORK)

**SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_

**FOR COUNTY USE ONLY**

Finance Plus (PR) \_\_\_\_\_

CalPERS Retirement \_\_\_\_\_

**Address Change**

Check CalPERS Ins. Elig. Zip Code/

Change Address in CalPERS \_\_\_\_\_

Delta Dental \_\_\_\_\_

VSP \_\_\_\_\_

WageWorks \_\_\_\_\_

Aflac Representative \_\_\_\_\_

Scan and send to Payroll \_\_\_\_\_

**Name Change**

New Social Security Card /Form of ID \_\_\_\_\_

Delta Dental \_\_\_\_\_

VSP \_\_\_\_\_

I-9 \_\_\_\_\_

File Update \_\_\_\_\_

Wage Works \_\_\_\_\_

Notify Aflac rep. \_\_\_\_\_

Notify Safety Officer \_\_\_\_\_

Notify I.T. dept \_\_\_\_\_

Monthly Benefit Changes \_\_\_\_\_

**Employee Benefit Changes**

(ie: Divorce / Marriage)

Withholdings - Federal / State

Health

Dental

Vision

Life

Warrant Designation

CalPERS Beneficiary Designation