# Employee Change of Information Form

Form ECOI

Clear Form

*Read carefully, complete the applicable section(s), sign and date.*

## Section A. EMPLOYEE INFORMATION (Required - please complete ALL boxes)

| Last Name: | First Name: | M.I.: | Suffix: |
|---|---|---|---|
| | | | |

| SSN: | D.O.B.: | Dept. Employed In: |
|---|---|---|
| | | |

Do you have either Health, Dental, or Vision Insurance through the Town of Milford? ○ Yes ○ No

If *Yes*, select all that apply: ☐ Health ☐ Dental ☐ Vision

Position:

## Section B. NAME CHANGE

| **PREVIOUS** Name | | **NEW** Name | |
|---|---|---|---|
| Last Name | First Name | Last Name | First Name |
| | | | |

***Effective Date:*** _____

***Please provide documentation of name change (i.e. Marriage Certificate, Court Document, Divorce Decree, etc.) AND proof of name change on either your Social Security Card or Driver's License.**

## Section C. ADDRESS CHANGE

| **PREVIOUS** Address | | | **NEW** Address | | |
|---|---|---|---|---|---|
| Street Address | Apt/Unit # | | Street Address | Apt/Unit # | |
| | | | | | |
| City | State | Zip | City | State | Zip |
| | | | | | |

***Effective Date:*** _____

***Note:*** *Year-end W-2 Forms will be mailed to the NEW address.*

## Section D. PHONE NUMBER CHANGE

| **PREVIOUS** Phone Number | **NEW** Phone Number |
|---|---|
| | |

***Effective Date:*** _____

## Section E. PERSONAL E-MAIL ADDRESS CHANGE

| **PREVIOUS** Personal E-mail Address | **NEW** Personal E-mail Address |
|---|---|
| | |

***Effective Date:*** _____

## Section F. UPDATED EMERGENCY CONTACT INFORMATION

| Name | Relationship | Phone # |
|---|---|---|
| | | |

| Street Address | City | State | Zip |
|---|---|---|---|
| | | | |

## Section G. SIGNATURE & CERTIFICATION (Required)

**Employee Signature:** _____ **Date:** _____

- **You must forward this form to either the BENEFITS OFFICE in Room 17 at Town Hall or CENTRAL OFFICE at MHS.**
- **You must notify your DEPARTMENT HEAD of these changes.**

**BENEFITS and/or CENTRAL OFFICE USE ONLY**

| Date Received: STAMP HERE | Date Entered: | Updated in systems: *(Initials)* | *BS:* | |
|---|---|---|---|---|
| | | | *H/D/V:* | |
| | | | *R/O:* | |
| | | | | |