

OFFICE OF HUMAN RESOURCE ADMINISTRATION PERSONAL INFORMATION UPDATE FOR STATE EMPLOYEES ONLY

(Internal, Student, and Adjunct employees please see your Home department to make these changes)

PLEASE COMPLETE ONLY THE INFORMATION YOU WANT TO UPDATE New Address:							Employee ID #:	
NEW ADDRESS	First Na	ame Middle Init	ial	Last Name				
New Address:	Department:T			Геlephone #:E-mai			:	
Home Address: (PO Box requires Home Address) Work Address: (Department, Bldg & Room #) NOTE: If you have a 403-B retirement plan (TIAA, VALIC, or MetLife), please also contact them to update your address. New NAME AND/OR CHANGE IN MARITAL STATUS		PLEASE COMPLE	TE ONL	Y THE INF	ORMATION YO	<u>)U</u> 1	WANT TO UPDATE	
Mailing Address: (PO Box requires Home Address) Work Address: (Department, Bldg & Room #) NOTE: If you have a 403-B retirement plan (TIAA, VALIC, or MetLife), please also contact them to update your address. New NAME AND/OR CHANGE IN MARITAL STATUS				NEW A	DDRESS			
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NOTE: If you have a 403-B retirement plan (TIAA, VALIC, or MetLife), please also contact them to update your address. NEW NAME AND/OR CHANGE IN MARITAL STATUS	Mailin	g Address:						
NOTE: If you have a 403-B retirement plan (TTAA, VALIC, or MetLife), please also contact them to update your address. New NAME AND/OR CHANGE IN MARITAL STATUS		(PO Box requires	Home Addre	ss)				
NOTE: If you have a 403-B retirement plan (TTAA, VALIC, or MetLife), please also contact them to update your address. New NAME AND/OR CHANGE IN MARITAL STATUS	Work A	Address:						
NEW NAME AND/OR CHANGE IN MARITAL STATUS Please attach a copy of the appropriate legal document		(Department, Blo	lg & Room #)					
Please attach a copy of the appropriate legal document New Name*	NOTE	: If you have a 403-B retiren	nent plan (TI	AA, VALIC, or	MetLife), please also	conta	ct them to update your address.	
New Name*:		NE	W NAME /	AND/OR CHA	NGE IN MARITAL	STA	TUS	
New Marital Status*: Single Married Divorced Widowed Effective Date: *must attach marriage certificate or divorce decree* NOTE: Please contact Benefits Office at 874-9054 to make any changes to your current benefits. New EDUCATION INFORMATION								
New Marital Status*: Single Married Divorced Widowed Effective Date: *must attach marriage certificate or divorce decree* NOTE: Please contact Benefits Office at 874-9054 to make any changes to your current benefits. New EDUCATION INFORMATION	Forme	r Name:		Nev	v Name*:			
*must attach marriage certificate or divorce decree NOTE: Please contact Benefits Office at 874-9054 to make any changes to your current benefits. NEW EDUCATION INFORMATION				* <u>must attac</u>	h legal document such	as so	ocial security card or driver's lice	nse
must attach marriage certificate or divorce decree NOTE: Please contact Benefits Office at 874-9054 to make any changes to your current benefits. NEW EDUCATION INFORMATION	New N	Marital Status: ☐ Single ☐	Married D 1	Divorced D w	Vidowed Effective	Date:		
NOTE: Please contact Benefits Office at 874-9054 to make any changes to your current benefits. NEW EDUCATION INFORMATION	1 (0 () 1					Duic.		
Indicate grade/degree code:	NOTI	·	<u>-</u>				www.thanafita	
Indicate grade/degree code:	NOTI	E: Please contact benefits	——————————————————————————————————————	+-9054 to mak	e any changes to you	ır cu	rrent benefits.	
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15 Completed two years college 16 Completed three years college 23 Master of Business Administration 31 Dentist 32 Doctor of Veterinary Medicine New Veteran Status								
New Veteran STATUS Not a Veteran 0 NoTE: If you are a War Veteran, please identify the War/Conflict and the dates of service that apply: War Veteran 2 Disabled War Veteran 3 Vietnam Era Veteran 4 Disabled Vietnam Era Veteran 5 Other Eligible Veterans 6 Attach a copy of your DD-214 and proof of disability from the VA if applicable Attach a copy of your DD-214 and proof of disability from the VA if applicable					C		1 3	
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Not a Veteran 0 NOTE: If you are a War Veteran, please identify the War/Conflict and the dates of service that apply: War Veteran 2 Disabled War Veteran 3 Vietnam Era Veteran 4 Disabled Vietnam Era Veteran 5 Other Eligible Veterans 6 Attach a copy of your DD-214 and proof of disability from the VA if applicable				NEW VETER	RAN STATUS			
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EMPLOYEE SIGNATURE DATE		Other Eligible Veterans	6	Attach a co	ppy of your DD-214 and p	roof o	f disability from the VA if applicable	
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	EMPL	OYEE SIGNATURE					DATE	

Mail: 80 Lower College Road, Kingston, RI 02881 FAX: 874-5741 E-mail: urihr@ucs.uri.edu