

CHANGE OF PERSONAL INFORMATION FORM

EMPLOYEE NAME: _____ EMPLOYEE #: _____

NATURE OF CHANGE: _____ DATE OF CHANGE: _____

DETAILS OF CHANGE:

OLD ADDRESS:

NEW ADDRESS:

PHONE:

OTHER:

RECEIVED BY: _____

APPROVAL DATE: _____

CHANGE CHECKLIST

STEP	DATE COMPLETED	COMPLETED BY
COMPLETE CS-39S		
NOTIFY HEALTH INSURANCE		
NOTIFY CSEA		
CHANGE SPREADSHEET		
UPDATE MUNIS/PAYROLL		
NOTIFY CHOICE STRATEGIES		
UPDATE MEDICARE REIM.		
UPDATE BILLING STATEMENT		