

Personal Information Change Form (PIC)

NAME: _____	EMPL ID: _____
EFFECTIVE DATE OF CHANGE: _____	
REQUESTED CHANGE TO THE FOLLOWING (CHECK ALL THAT APPLY):	
Address <input type="checkbox"/> Phone number <input type="checkbox"/> Email Address <input type="checkbox"/>	Marital Status <input type="checkbox"/> Emergency contact <input type="checkbox"/> Military Status <input type="checkbox"/>
<u>HOME ADDRESS CHANGE:</u>	<u>MAILING ADDRESS CHANGE:</u>
Address: _____ City: _____ State: _____ Postal: _____ County: _____ Country: _____	Address: _____ City: _____ State: _____ Postal: _____ County: _____ Country: _____
<u>PHONE NUMBER CHANGE:</u>	<u>EMAIL ADDRESS CHANGE:</u>
New Phone Number: (____) _____ - _____	New Email Address: _____
<u>MARITAL STATUS CHANGE:</u>	
Married: <input type="checkbox"/> Divorce: <input type="checkbox"/> Single: <input type="checkbox"/> Other: <input type="checkbox"/>	<i>Please indicate new name (if applicable):</i> _____ _____
<u>EMERGENCY CONTACT CHANGE:</u>	<u>MILITARY STATUS CHANGE:</u>
Name: _____ Relation: _____ Address: _____ City: _____ State: _____ Postal: _____ Phone: _____	Active Status <input type="checkbox"/> Inactive Status <input type="checkbox"/> Reserve Status <input type="checkbox"/> Affiliation: _____

I have reviewed the above information. I have provided and certify to the Company that it is correct and accurate. I understand that any false or misleading information provided by me to the Company may subject me to disciplinary action, up to and including termination.

Signature

Date

Changes on this form will not affect benefits or tax withholdings. Contact the Associate Service Center to initiate benefits changes.