

# EMPLOYEE DATA CHANGES

UPDATED June 20, 2000

Employee: \_\_\_\_\_

Employee ID Number: \_\_\_\_\_

Department: \_\_\_\_\_

Date: \_\_\_\_\_

## PLEASE CHANGE THE FOLLOWING:

### WITHHOLDING EXEMPTIONS (W-4)

FROM: \_\_\_\_\_

TO: \_\_\_\_\_

### STATE HEALTH PLAN:

FROM: \_\_\_\_\_

TO: \_\_\_\_\_

### CAROLINA TRUST FEDERAL CREDIT UNION:

FROM: \_\_\_\_\_

TO: \_\_\_\_\_

### STATE DENTAL PLAN:

FROM: \_\_\_\_\_

TO: \_\_\_\_\_

### DIRECT DEPOSIT:

FROM: \_\_\_\_\_

TO: \_\_\_\_\_

### DEPENDENT LIFE:

CHILD: \_\_\_\_\_

SPOUSE: FROM: \_\_\_\_\_ TO: \_\_\_\_\_

### NAME CHANGE:

FROM: \_\_\_\_\_

TO: \_\_\_\_\_

### OPTIONAL LIFE:

FROM: \_\_\_\_\_

TO: \_\_\_\_\_

### ADDRESS CHANGE:

FROM: \_\_\_\_\_

TO: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

OTHER: \_\_\_\_\_

### LONG TERM CARE:

FROM: \_\_\_\_\_

TO: \_\_\_\_\_

### INSURANCE:

#### AMERICAN FAMILY:

FROM: \_\_\_\_\_

TO: \_\_\_\_\_

### DEPENDENT CARE:

FROM: \_\_\_\_\_

TO: \_\_\_\_\_

### RETIREMENT:

FROM: \_\_\_\_\_

TO: \_\_\_\_\_

SLTD: \_\_\_\_\_

MONEY PLUS: \_\_\_\_\_

MEDICAL SPENDING ACCOUNT: \_\_\_\_\_

OTHER (SPECIFY): \_\_\_\_\_

EFFECTIVE DATE: \_\_\_\_\_

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Human Resources