

ELKO COUNTY

PERSONAL INFORMATION / CHANGE OF ADDRESS / EMERGENCY CONTACT FORM

Check Appropriate Box(es):

- | | |
|--|---|
| <input checked="" type="checkbox"/> Elko County | <input type="checkbox"/> UCHealth Plan Administrators |
| <input type="checkbox"/> PERS (Retirement) | <input type="checkbox"/> Western Ins. Specialties (Supplemental Life Insurance) |
| <input type="checkbox"/> Voya (Deferred Comp) | <input type="checkbox"/> National Benefit Services (FSA) |
| <input type="checkbox"/> AFLAC (Supplemental Health Coverage) Policy # _____ | |

Please check the appropriate box & complete only portion related to your change:

- New Hire – Complete whole form
 Change of Address Phone # Email Address
 Change of Name - *(Elko County Only) – Use Vendor Specific Form In Addition To This Form*
 Change of Emergency Contact – *(Elko County Only)*

Employee Name: _____
(Please Print)

| | |
|---|--|
| ADDRESS/NEW (mailing): _____ Street Address/PO Box _____ City, State, Zip | ADDRESS/NEW (physical): _____ Street Address _____ City, Sate, Zip |
| Employee phone #: _____ Cellular phone #: _____ | |
| Email Address: _____ <i>(For use to communicate Elko County Business)</i> | |

NAME CHANGE:

Previous Name: _____ New Name: _____
*(Documentation Required)

IN CASE OF AN EMERGENCY, PLEASE CONTACT:

PRIMARY:
Name _____
Telephone # _____ Cellular phone # _____

SECONDARY:
Name _____
Telephone # _____ Cellular phone # _____

I understand that this form **supersedes all previous forms** that I have submitted.

EMPLOYEE SIGNATURE _____ DATE _____

Please complete a new form if the above information changes and return to Human Services Department.

Emailed/Entered _____ (date) _____ (initial)