



# Employee Information Change Form

Current Name  OASIS ID

Select the information that you are changing:  Name/Home Information  Permanent Mailing Address  Emergency Contact Information

## New Name\* / Home Information

**\*To change your name, please bring your new social security card, marriage license & certificate, or court order to Human Resources with this completed form.**

Last Name  Address   
First Name  Address   
Middle Name  City   
Prefix  Suffix  State  Zip Code   
Marital Status\*  Country   
Home Telephone

*\*Changing your marital status on this form will not initiate changes to employee's benefits, withholding, etc. To change this information, please contact the Human Resources Department to obtain the appropriate forms.*

## Permanent Mailing Address (if different from above).

Address  City   
Address  State  Zip Code   
Telephone

## New Emergency Contact Information

Name  Relationship to Employee   
Address  Telephone   
Address   
City   
State  Zip Code   
Country

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

**Send completed forms to the Office of Human Resources, University Hall**

HR USE:  PPAIDEN  Mutual of Omaha  Mutual Health Services  Guardian  Humana