

CHANGE FORM

Please use this form to **change your name, address, phone number, marital status, and/or your emergency contacts.** **Name changes** must be submitted exactly as they appear on your Social Security Card and a copy of your Social Security Card must accompany this form. Also, for **name and/or address changes** you are required to complete the attached W-4 form. Additionally, the following forms may also be required for **name and/or address changes**:

- If you are a Department of Retirement Systems participant, please complete the attached DRS Name/Address Change form.
- Employees who have insurance coverage through the City of Lynnwood also need to complete the AWC Insurance Enrollment form indicating the **name and/or address changes**.
- Complete the ICMA Employee Change Form if you are a participant.

Please sign and date this form and return with completed attachments to Human Resources. Thank you!

Last Name: _____ **First Name:** _____

NAME CHANGE: (As it appears on your Social Security Card)		
_____	_____	_____
Last Name	First Name	Middle Name

MARITAL STATUS CHANGE:			
<input type="checkbox"/> Single	<input type="checkbox"/> Married	Date: _____	<input type="checkbox"/> Divorced <input type="checkbox"/> Widowed

NEW ADDRESS:

NEW PHONE NUMBER:
(____) _____

NEW EMERGENCY CONTACT:	
PRIMARY CONTACT	SECONDARY CONTACT
NAME: _____	NAME: _____
RELATIONSHIP: _____	RELATIONSHIP: _____
ADDRESS: _____	ADDRESS: _____
_____	_____
HOME PHONE: (____) _____	HOME PHONE (____) _____
WORK PHONE: (____) _____	WORK PHONE (____) _____

Signature: _____ **Date:** _____