



City of Waterbury

Employee Personal Data Change Form



Reason for Change:
(Required)

- ☐ Marriage (Date: _____)
☐ Divorce (Date: _____)
☐ Address Change / Phone Number Change
☐ Name Change
☐ New Hire / Rehire
☐ Emergency Contact Information Change

Effective Date:

Employee Name: _____ SSN (Last 5 digits) __ - __ - __

Current Status: ☐ Active ☐ Retired (Date Retired _____) ☐ Former Employee

Name Information

First Name: _____

Middle Initial: _____

Last Name: _____

Maiden Name: _____

Prefix: ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Other _____

Nick Name: _____

Note: Please provide Anthem number if your benefits need to be changed: _____

Please note that Name change requests require a copy of the legal documents verifying your name change. Acceptable forms of documentation include: marriage license, divorce decree or court order as well as an updated Social Security Card.

Address Information

PERMANENT STREET ADDRESS (Required – No PO Boxes please):

Address 1: _____

Address 2: _____

City: _____

State: _____ Zip: _____

Home Number: (_____) _____

Cell Number: (_____) _____

E-Mail Address: _____

Preferred Mailing Address (if different than permanent street address. List PO Box Info here):

Address 1: _____

Address 2: _____

City: _____

State: _____ Zip: _____

Emergency Contact Information

Name: _____

Relationship: _____

Address: _____

City: _____

State: _____ Zip: _____

Home Number: (_____) _____ ☐ Preferred

Cell Number: (_____) _____ ☐ Preferred

Work Number: (_____) _____ ☐ Preferred

Biographical Information

Birth Date: _____

Gender: ☐ Male ☐ Female

Ethnicity: ☐ White
☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander
☐ Asian
☐ American Indian or Alaska Native
☐ Two or More Races
☐ Hispanic or Latino

Marital Status:

- ☐ Married ☐ Divorced
☐ Single ☐ Separated
☐ Domestic Partner ☐ Widow/Widower
☐ Civil Union

Employee Signature: _____

Date: _____