

# BENEFITS DESIGN GROUP, INC.

PO BOX 370 Onalaska WI 54650 1-800-554-7213 or (608) 781-2159

## EMPLOYEE CHANGE FORM

|                       |                        |
|-----------------------|------------------------|
| Print Employee's Name | Social Security Number |
| Employer Name         | Effective Date         |

**Note: Please complete only the section(s) that apply and authorize by your signature.**

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### Change Employee's Name

From: \_\_\_\_\_ To: \_\_\_\_\_

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### Change in Address

From: \_\_\_\_\_ To: \_\_\_\_\_

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### Change in E-mail Address

From: \_\_\_\_\_ To: \_\_\_\_\_

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### Social Security Correction

Incorrect #: \_\_\_\_\_ Correct #: \_\_\_\_\_

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### Authorization

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

(Employee's Signature)