



Employee Demographic Information

Personal Information

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

_____ *City* *State* *ZIP Code*

Home Phone: _____ Cell Phone: _____

Email _____

Emergency Contact Information

Full Name: _____
Last *First* *M.I.*

Primary Phone: _____ Alternate Phone: _____

Relationship: _____

Instructions

1. Please complete this form and return to Human Resources via inter-office mail or e-mail.
2. Please print legibly.
3. Please note that if you change your name, a new Social Security Card with that name must be attached to this form. Payroll **CANNOT** change an employee's name in the payroll system without a Social Security Card identifying the new name.
4. By completing this form and submitting it to the Division of Human Resources, your name and/or address will be updated in the Human Resources and Payroll systems. In addition, for full-time employees, your name and/or address will be updated with the City's medical, dental, vision & prescription insurance administrator.
5. You will need to contact the following organizations directly (as applicable) to change your name, address and beneficiary information:
 - a) Ohio Public Employees Retirement System (1-800-222-7377 or www.opers.org)
 - b) Police & Fire Pension Fund (1-888-864-8363 or www.op-f.org)
 - c) ICMA Deferred Compensation (1-800-669-7400 or www.icmarc.org)
 - d) Ohio Deferred Compensation (1-877-644-6457 or www.ohio457.org)
 - e) Your Bargaining Unit
 - f) Dublin Community Recreation Center (614-410-4550)
 - g) Pathways Financial Credit Union (<http://www.pathwayscu.com> or 614-873-6652)
 - h) Guardian Life Insurance (for beneficiary change): Form located on HBC site or 1-800-627-4200
 - i) Any vendor for which you have payroll deduction to purchase supplemental benefits.

Should you have any questions, please contact the Division of Human Resources at 614-410-4466.