



Personal Information Change Form

WC ID#: _____

Effective Date: _____

Name: _____

(Proper Name Required – No Nicknames)

Address/Phone Number Change: Apply this change to my spouse and dependents.

Street: _____

City, State ZIP: _____

If you are moving to Maryland or into a different county of Maryland a new MW507 is required.

Phone: _____ Home Mobile

Phone: _____ Home Mobile

Change of Marital Status:

Single Married New Name: _____

Additional Dependents: (**Required for all children in up to the age of 26 years old.*)

Spouse/Partner: _____ SSN: _____ DOB: _____

Dependent: _____ SSN: _____ DOB: _____

Dependent: _____ SSN: _____ DOB: _____

Dependent: _____ SSN: _____ DOB: _____

Dependent: _____ SSN: _____ DOB: _____

Emergency Contact Update:

Name: _____ Phone: _____

Relationship: _____

Authorization:

I certify that all information that has been provided above is accurate and complete. I hereby authorize the Office of Human Resources and the Business Office to make these changes to my employment record.

Signature: _____ Date: _____

Human Resource & Business Office Use Only				
Change	<input type="checkbox"/> NAE/EMPC	<input type="checkbox"/> UHC	<input type="checkbox"/> IHS	<input type="checkbox"/> File
Completed				