

**PHILADELPHIA REDEVELOPMENT AUTHORITY
EMPLOYEE PERSONAL DATA UPDATE FORM**

To make changes to or update any of your personal information, check the appropriate section below and provide the appropriate information. Return the completed, signed form to the Human Resources Department.

Current Name on File: _____
(Last) (First) (Middle) (Suffix)

Employee Number: R-_____ **Effective Date of Change/Update:** _____

Legal Name/Social Security Number Changes: Legal documentation to support the change is required. Submit a copy of a social security card, marriage certificate, or official court document granting the name change.

Legal Name: _____
(Last) (First) (Middle) (Suffix)

Note: Legal name must match what is recorded by the Social Security Administration (SSA). If your name is not correct with SSA, you **must** update your records with that office.

Social Security Number: _____ (complete only if submitting or correcting SSN)

Marital Status and/or Date of Birth Changes: If making a change to your date of birth, you will need to provide documentation that shows the correct date of birth. Please remember that if you are changing your marital status, you may also need or want to make a corresponding change to your health, vision, or dental benefit coverage and life insurance/pension beneficiaries.

Marital Status: Single Married **Date of Birth:** _____

Address, Phone and/or Emergency Contact Changes:

Home Address: _____
(Street) (Apt. #)

(City) (State) (Zip)

Phone Number(s): _____
(Home) (Cell) (Other)

Emergency Contact:

Name: _____
(First) (Middle) (Last)

Address (if different than employee):

(Street) (Apt. #)

(City) (State) (Zip)

Phone Number(s): _____

Relationship to Employee: _____

Employee's Signature: _____

Date Signed: _____

Dependent Changes:

1. **Spouse or Domestic Partner:** Domestic Partners must be registered with the City of Philadelphia through the Philadelphia Commission on Human Relations. A copy of the *Life Partnership Verification Statement Acceptance Letter* or *Certificate of Life Partnership* must be submitted to the Human Resources Department.

Name: _____
(First) (Middle) (Last)

Gender: Male Female Social Security #: _____ Date of Birth: _____

2. **Children:** Effective August 15, 2011, dependent coverage must be offered to employees' children until age 26, even if the young adult no longer lives with his or her parents, is not a dependent on the parent's tax return, or is no longer a student. They may be eligible for coverage regardless of marital status or if they have children of their own, although the dependent's spouse and/or children do not qualify.

A. **Name:** _____
(First) (Middle) (Last)

Gender: Male Female Social Security #: _____ Date of Birth: _____

Address (if different than employee):

(Street) (Apt. #)

(City) (State) (Zip)

Phone Number(s): _____
(Home) (Cell) (Other)

B. **Name:** _____
(First) (Middle) (Last)

Gender: Male Female Social Security #: _____ Date of Birth: _____

Address (if different than employee):

(Street) (Apt. #)

(City) (State) (Zip)

Phone Number(s): _____
(Home) (Cell) (Other)

C. **Name:** _____
(First) (Middle) (Last)

Gender: Male Female Social Security #: _____ Date of Birth: _____

Address (if different than employee):

(Street) (Apt. #)

(City) (State) (Zip)

Phone Number(s): _____
(Home) (Cell) (Other)

**To add more than three dependent children, please attach a blank sheet of paper with the required information.*

Employee's Signature: _____

Date Signed: _____