# **Employee Information Collection Sheet**

#### **For the Administrator:**

#### Provide this document to the employee to collect information and benefits selections. Once you receive the completed document, enter the information change using My Admin Portal (MAP).

#### Note that you will also need information on the employment date, position title, hours per year, and compensation for new hire and employment changes.

#### This document may be used to collect information from the employee for:

* New hire process
* Change to employee personal information (new address, phone number, email)
* Change in marital status or domestic partnership status
* Change in child dependent (including by birth, adoption, stepchild, and legal ward)

*This document uses fillable form functionality in Word. To edit the form itself, select the “Developer” menu and unlock the “Protect Form” option or Restrict Editing option. See* [*Microsoft’s support site*](https://support.microsoft.com/en-us/office/create-forms-that-users-complete-or-print-in-word-040c5cc1-e309-445b-94ac-542f732c8c8b#DevTabTopic=Windows) *for more information.*

#### **For the Employee:**

#### Fill out the information below and return to your benefits administrator. This document may be filled out electronically or by hand. **Skip the form and use your myCPG account** for personal information changes, spouse/domestic partner changes, and adding a new dependent.

#### **Employee Personal Information**

Legal Name

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| First: |  | | Middle: |  | | | Last: |  | |
| SSN/ITIN: | |  | Date of Birth: | |  | Job Title: | | |  | |

#### **I am reporting** (select all that apply)

**New Hire Complete Section 1, 2, 3, & 4**

**Personal Information Change**: Address Phone Email **Complete Section 1**

**Spouse/Domestic Partner Change:** **Complete Section 2 & 4**

New Marriage New Domestic Partnership Divorce Separation Widowed

**New Dependent** **Complete Section 3 & 4**

#### **Section 1: Contact Information**

**Mailing Address:**

|  |  |  |  |
| --- | --- | --- | --- |
| Street Line 1 |  | Street Line 2 |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| City |  | State |  | Postal Code |  | Country |  |

**Contact Information:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Home Phone |  | Mobile  Phone |  | Business  Phone + Ext |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Business  Email |  | Personal  Email |  |

#### **Section 2: Spouse and Domestic Partner Information**

**Spouse or Domestic Partner Legal Name:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| First |  | Middle |  | Last |  |

|  |  |  |  |
| --- | --- | --- | --- |
| SSN/ITIN: |  | Date of Birth: |  |

Gender: Female Male

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date of Marriage/ Domestic Partnership: |  | Date of Divorce: |  | Date of Death: |  |

#### **Section 3: Dependent Information**

**Dependent 1 Legal Name:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| First |  | Middle |  | Last |  |

|  |  |  |  |
| --- | --- | --- | --- |
| SSN/ITIN: |  | Date of Birth: |  |

Gender: Female Male Stepchild? Y N Disabled? Y N

|  |  |
| --- | --- |
| Date of Legal Adoption/Fostering/Legal Guardianship: |  |

**Dependent 2 Legal Name:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| First |  | Middle |  | Last |  |

|  |  |  |  |
| --- | --- | --- | --- |
| SSN/ITIN: |  | Date of Birth: |  |

Gender: Female Male Stepchild? Y N Disabled? Y N

|  |  |
| --- | --- |
| Date of Legal Adoption/Fostering/Legal Guardianship: |  |

**Dependent 3 Legal Name:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| First |  | Middle |  | Last |  |

|  |  |  |  |
| --- | --- | --- | --- |
| SSN/ITIN: |  | Date of Birth: |  |

Gender: Female Male Stepchild? Y N Disabled? Y N

|  |  |
| --- | --- |
| Date of Legal Adoption/Fostering/Legal Guardianship: |  |

**Dependent 4 Legal Name:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| First |  | Middle |  | Last |  |

|  |  |  |  |
| --- | --- | --- | --- |
| SSN/ITIN: |  | Date of Birth: |  |

Gender: Female Male Stepchild? Y N Disabled? Y N

|  |  |
| --- | --- |
| Date of Legal Adoption/Fostering/Legal Guardianship: |  |

#### **Section 4: Benefits Selections**

Please indicate the name of the plan you would like to enroll in from the benefits adopted by your institution.

|  |  |
| --- | --- |
| Retirement/Pension Plan: |  |

|  |  |
| --- | --- |
| Medical Plan: |  |

|  |  |
| --- | --- |
| Dental Plan: |  |

|  |  |
| --- | --- |
| Group Life Plan: |  |

|  |  |
| --- | --- |
| Long Term Disability Plan: |  |

|  |  |
| --- | --- |
| Short Term Disability Plan: |  |