

EMPLOYEE INFORMATION CHANGE FORM

Please return this form to: HR@comanco.com



Employee Code	First Name	Middle Name	Last Name

Complete Fields Below:

NEW:

Address Change:

Street

City/State/Zip

* Please attach a new W4 for Out-of-State address changes

Name Change:

* Please attach a document verifying new name

Social Security #:

* Please attach new W4 for I9 and SS# change

Emergency Contact Information

NEW:

Emergency Contact:

Relationship:

Phone Number:

Change: Phone and/or Email

NEW:

Phone # Change:

Email Address:

401k Changes:	All 401k Contribution changes go Call Voya: 800-584-6001	COMANCO 401k Group #: 875826 Validation Code: 87582699
Comdata Card:	Contact Your Supervisor	If card lost/stolen: Call Comdata 888-265-8228

Employee Signature Date

OFFICE USE ONLY

	Address Change: Was new W4 received for out of state address change?			
	Address Change: Is a special Withholding form required for new state?			
	Name change: Document received verifying name change and scanned in?			
	Phone & Email: SMS Text Messaging System Updated?			
	BenefitSolver & VOYA Updated? BenefitSolver#	VOYA:	Yes	No
	Payroll - COMDATA Address Change Updated?			
	CA W/C Code Changed in Spectrum (if applicable)?			

Reviewed and Completed by HR Rep. Date: