



Personal Information Update Form

Snohomish County Central Human Resources

****To update your Address Information quicker, log into your [Employee Self Service \(EMSS\)](#) account.**

Instructions: Use this form to update your name, address, phone number, and/or emergency contacts, as applicable. If you're submitting this form because of a Change in Status (i.e. marriage/divorce), please contact Human Resources (HR) within 30 days from the change for further instructions as you may need to modify your benefits and/or beneficiaries. Submit this form to HR via fax at 425-388-3579 or mail to 3000 Rockefeller Ave. M/S 503 Everett, WA 98201. Call HR at 425-388-3411 ext. 0 for assistance.

① Employee Information				
Last Name	First	M.I.	Employee ID #	SSN (last four digits only)

② Name Change (Requires a copy of new Social Security Card)		<input type="checkbox"/> Employee Change	<input type="checkbox"/> Dependent Change
Previous Name	New Name		

③ Address Change			
Street Address	City	State	Zip

④ Phone Number Change	
Home Phone	Cell Phone

⑤ Emergency Contacts Update				
Select	Contact Information			
<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Primary <input type="checkbox"/> Secondary	Last Name	First Name	M.I.	
	Relationship	Phone		
	Address	City	State	Zip
<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Primary <input type="checkbox"/> Secondary	Last Name	First Name	M.I.	
	Relationship	Phone		
	Address	City	State	Zip

⑥ Signature	
I authorize these changes and the information provided on this form amends previously submitted information.	
_____ Employee Signature	_____ Date

For Human Resources Use Only				
HRIS Processing Date:	<input type="checkbox"/> IEPI	<input type="checkbox"/> IEAL	<input type="checkbox"/> IECT	<input type="checkbox"/> IEID
Transmittal Date:	<input type="checkbox"/> Regence	<input type="checkbox"/> Kaiser Permanente	<input type="checkbox"/> Delta Dental	<input type="checkbox"/> Willamette
	<input type="checkbox"/> VSP	<input type="checkbox"/> Hartford	<input type="checkbox"/> Nationwide	<input type="checkbox"/> Navia Benefits
			<input type="checkbox"/> Aflac	