



IDAHO INDEPENDENT INTERGOVERNMENTAL AUTHORITY

EMPLOYEE CHANGE FORM

Return this form to: _____ Amy Manning _____

Effective Date of Change: _____

Report Prepared by: _____

City/Public Entity: _____

EMPLOYEE CHANGES	
Name of Employee: (Last, First)	Social Security No.

NAME CHANGE		
<input type="checkbox"/> Employee name only <input type="checkbox"/> Spouse <input type="checkbox"/> Domestic Partner <input type="checkbox"/> Child		
OLD NAME:	LAST NAME (PRINT)	FIRST LAST NAME (PRINT)
NEW NAME:		

ADDRESS CHANGE	
OLD ADDRESS:	CITY/STATE/ZIP
NEW ADDRESS:	CITY/STATE/ZIP

SOCIAL SECURITY NUMBER AND DATE OF BIRTH CHANGE	
<input type="checkbox"/> CHANGE SOCIAL SECURITY NUMBER FOR: _____	
<input type="checkbox"/> CHANGE DATE OF BIRTH FOR: _____	

If you fail to report the termination timely, the III-A will allow you to terminate the employee/retiree or qualified dependent(s) retroactively up to two months from the time the request for termination is received by the III-A.

DEPENDENT CHANGES				
<input type="checkbox"/> ADD <input type="checkbox"/> DELETE	<input type="checkbox"/> SPOUSE <input type="checkbox"/> DOMESTIC PARTNER <input type="checkbox"/> SON <input type="checkbox"/> DAUGHTER	LAST NAME (PRINT)	FIRST NAME (PRINT)	SOCIAL SECURITY NO.
<input type="checkbox"/> M <input type="checkbox"/> F	REASON FOR CHANGE:		ELIGIBLE FOR OTHER COVERAGE: <input type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/> MEDICAL <input type="checkbox"/> DENTAL <input type="checkbox"/> VISION	DATE OF BIRTH:		ELIGIBLE FOR MEDICARE: <input type="checkbox"/> YES <input type="checkbox"/> NO PART A: _____ PART B: _____	

<input type="checkbox"/> ADD <input type="checkbox"/> DELETE	<input type="checkbox"/> SPOUSE <input type="checkbox"/> DOMESTIC PARTNER <input type="checkbox"/> SON <input type="checkbox"/> DAUGHTER	LAST NAME (PRINT)	FIRST NAME (PRINT)	SOCIAL SECURITY NO.
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<input type="checkbox"/> MEDICAL <input type="checkbox"/> DENTAL <input type="checkbox"/> VISION	DATE OF BIRTH:		ELIGIBLE FOR MEDICARE: <input type="checkbox"/> YES <input type="checkbox"/> NO PART A: _____ PART B: _____	

EMPLOYEE SIGNATURE: _____

DATE: _____