

Employee Data Change Form

Directions: Use this form to notify Human Resources of any name and/or address changes.

If you need to add or drop dependents, please use a Dependent Data Change Form. You may obtain this form from Human Resources or on the web at:

<http://www.mnstate.edu/humanres/health>

Effective date of change: ____/____/____

Employee Name _____
Last First MI

SSN: ____-____-____ Date of birth: ____/____/____

Marital Status ___M ___S Work phone: ____-____

____ **Name Change:** Complete the following information:
(Please attach a copy of new social security card reflecting name change)

New Name: _____
Last First MI

____ **Address Change:** Complete the following:

New Address: _____ Phone: (____) _____

_____ County: _____

Employee Signature: _____ Date: ____/____/____

DDIR Signature: _____ Date: ____/____/____

Please return this form to the Human Resources Office.

Information and Privacy

Several state and federal laws help protect your right to privacy and make it easier for you to review information in your insurance file. Under one of these laws-the Minnesota Government Data Practices Act, you have the right to know the following:

Why the information is needed

The information we request about you, your employment and family members is needed for one or more of the following reasons:

- To determine whether your dependent is eligible for State of Minnesota group insurance benefits.
- To determine whether you are an eligible participant in the State Employee Group Insurance Program.

Supplying information-your rights

You may refuse to provide the information we request; however, without certain minimal information, we may be unable to process your request for coverage in the group plan.

Disclosure of your Social Security number is voluntary. It is being requested to identify your records in the insurance computer system. While you are not legally required to furnish this information, processing of your spouse's coverage in the insurance group will be delayed without it.

Who uses the information and how is it used

The information we collect may be used by state employees operating the group insurance program, the federal and state tax authorities and shared with the insurance plan you have chosen to provide your health insurance benefits.

Information will be used to:

- Provide enrollment and/or change information to your health insurance plan so they can provide benefits and pay claims.
- Prepare statistical reports and evaluative studies.

When you are no longer an active participant under the group insurance program, we will keep your file until state retention requirements are met.

What information you can obtain

You may request, in writing, to be shown information about yourself that is maintained by our department. There is no cost for this service, but there is a small copy charge.

How to obtain information from you file

Questions about your eligibility, your dependent's eligibility, type of coverage, and premium rates may be obtained by contacting the insurance representative (DDIR) assigned to your agency or department.