Employee Data Change Form

MINNESOTA STATE UNIVERSITY MOORHEAD

This form should be used to notify the Office of Human Resources of employee name or marital status changes.

Employee Legal Name (Current):	
Employee Legal Name (New):	·
Effective Date of Change:	
Note: A copy of your new social security card reflecting the name change is requi	red
Marital Status Change (if applicable):	
Married Single	
Employee Signature:	Date:
HR Signature:	Date:
Please note, there is a limited amount of time in which employees can may of a qualifying life event. If the above name or status change impacts your you to complete the <u>Application to Change Insurance Coverage form</u> as so to Change Insurance Coverage should be returned to SEGIP at: <u>segip.mm</u>	r current insurance elections, we encourage oon as possible. The completed Application
For HR Use Only:	
Name/Marital Status Updated in HR Campus	
Employee File Re-Linked in Perceptive Content	

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 your 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.

Minnesota State University Moorhead is an equal opportunity educator and employer and is a member of the Minnesota State Colleges and Universities System. This information will be made available in alternate format upon request by contacting Disability Services at 218.477.4318 (voice) or 1.800.627.3529 (MRS/TTY).

