

## Employee Information Collection Sheet

### For the Administrator:

Provide this document to the employee to collect information and benefits selections. Once you receive the completed document, enter the information change using My Admin Portal (MAP).

Note that you will also need information on the employment date, position title, hours per year, and compensation for new hire and employment changes.

This document may be used to collect information from the employee for:

- New hire process
- Change to employee personal information (new address, phone number, email)
- Change in marital status or domestic partnership status
- Change in child dependent (including by birth, adoption, stepchild, and legal ward)

*This document uses fillable form functionality in Word. To edit the form itself, select the "Developer" menu and unlock the "Protect Form" option or Restrict Editing option. See [Microsoft's support site](#) for more information.*

### For the Employee:

Fill out the information below and return to your benefits administrator. This document may be filled out electronically or by hand. **Skip the form and use your myCPG account** for personal information changes, spouse/domestic partner changes, and adding a new dependent.

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#### Employee Personal Information

Legal Name

First:

Middle:

Last:

SSN/ITIN:

Date of Birth:

Job Title:

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#### I am reporting (select all that apply)

☐ **New Hire** ..... **Complete Section 1, 2, 3, & 4**

**Personal Information Change:** ☐Address ☐Phone ☐Email **Complete Section 1**

**Spouse/Domestic Partner Change:** ..... **Complete Section 2 & 4**

☐New Marriage ☐New Domestic Partnership ☐Divorce ☐Separation ☐Widowed

☐ **New Dependent** ..... **Complete Section 3 & 4**

**Section 1: Contact Information**

**Mailing Address:**

Street Line 1 Street Line 2

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City State Postal Code Country

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**Contact Information:**

Home Mobile Business  
Phone Phone Phone + Ext

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Business Personal  
Email Email

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**Section 2: Spouse and Domestic Partner Information**

**Spouse or Domestic Partner Legal Name:**

First Middle Last

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SSN/ITIN: Date of Birth:

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Gender: ☐ Female ☐ Male

Date of Marriage/  
Domestic Partnership: Date of Divorce: Date of Death:

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**Section 3: Dependent Information**

**Dependent 1 Legal Name:**

First Middle Last

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SSN/ITIN: Date of Birth:

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Gender: ☐ Female ☐ Male Stepchild? ☐ Y ☐ N Disabled? ☐ Y ☐ N

Date of Legal Adoption/Fostering/Legal Guardianship:

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**Dependent 2 Legal Name:**

First Middle Last

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SSN/ITIN: Date of Birth:

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Gender: ☐ Female ☐ Male Stepchild? ☐ Y ☐ N Disabled? ☐ Y ☐ N

Date of Legal Adoption/Fostering/Legal Guardianship:

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**Dependent 3 Legal Name:**

First Middle Last

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SSN/ITIN: Date of Birth:

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Gender: ☐ Female ☐ Male Stepchild? ☐ Y ☐ N Disabled? ☐ Y ☐ N

Date of Legal Adoption/Fostering/Legal Guardianship:

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**Dependent 4 Legal Name:**

First Middle Last

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SSN/ITIN: Date of Birth:

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Gender: ☐ Female ☐ Male Stepchild? ☐ Y ☐ N Disabled? ☐ Y ☐ N

Date of Legal Adoption/Fostering/Legal Guardianship:

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**Section 4: Benefits Selections**

Please indicate the name of the plan you would like to enroll in from the benefits adopted by your institution.

Retirement/Pension Plan:

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Medical Plan:

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Dental Plan:

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Group Life Plan:

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Long Term Disability Plan:

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Short Term Disability Plan:

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