



TOWN OF HOPKINTON

HUMAN RESOURCES DEPARTMENT

TOWN HALL
18 MAIN STREET
HOPKINTON, MASSACHUSETTS 01748

MICHELLE PATTEN
Benefits Coordinator

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EMPLOYEE INFORMATION CORRECTION FORM

(Please Print Clearly)

NAME: _____ DATE: _____ :

PREVIOUS NAME:	NEW NAME:

PREVIOUS STREET ADDRESS	NEW STREET ADDRESS
PREVIOUS CITY, STATE, ZIP	NEW CITY, STATE, ZIP
PREVIOUS PHONE	CURRENT PHONE

IS THIS ALSO YOUR MAILING ADDRESS Yes No If no, please list your mailing address below:

EFFECTIVE DATE OF CHANGE: _____

Employee Signature

Human Resources Signature

- | | | | | |
|---|--|--|---------------------------------|-------------------------------|
| <input type="checkbox"/> Millenium | <input type="checkbox"/> County Retirement | <input type="checkbox"/> Delta Dental | <input type="checkbox"/> Fallon | <input type="checkbox"/> HPHC |
| <input type="checkbox"/> Boston Mutual Life | <input type="checkbox"/> Union Dues | <input type="checkbox"/> Deferred Comp | <input type="checkbox"/> LTD | <input type="checkbox"/> OBRA |