

**Central Islip UFSD
50 Wheeler Road
Central Islip, New York 11722**

Business Office/Benefits Department

CHANGE IN STATUS FORM

Please complete all information, attached appropriate documentation, and return to Karen Zorzenon, Benefits Department.

Name: _____ Date: _____

Previous Name: _____
(With name change, provide copy of your new Soc. Sec. card)

Address: _____

Phone: _____

Social Security number: _____

Event: _____
(Provide copy of marriage certificate; first and last page of divorce agreement. For the birth/adoption of a child please include name, birthdate and social security number if available.)

Date of event: _____

The Benefits Department may contact you regarding completion of additional documentation for insurance purposes. If you have any questions, please contact Karen Zorzenon at 631-348-7326.

If this information changes your current W-4 status, you must contact the Payroll Department at ext. 5006 for a new W-4 form.

Employee's signature _____