CITY OF MARLBOROUGH

PERSONAL INFORMATION UPDATE FORM

Please return this form to the City Human Resources Department. We must receive the original document unless sent to Human Resources from your **City email address** (for current City employees only).

City of Marlborough
Human Resources
140 Main Street, 2nd Floor
Marlborough, MA 01752
humanresources@marlborough-ma.gov

The City Human Resources Department is unable to change this information with the Retirement Board. Please be sure to contact them directly. Marlborough Retirement Board at 508-460-3760 (https://marlborough-ma.gov/506/Retirement-Board) or Massachusetts Teachers Retirement System at 617-679-6877 (https://mtrs.state.ma.us/).

Name:_____

Department (if currently employed):_____

Please check one: ☐ Current Employee ☐ Retiree*

*If retired, does this change apply to your spouse as well? ☐ Yes ☐ No ☐ NA

If yes, Spouse's Name:_____

Last four(4) digits of Employee/Retiree's Social Security Number (for verification purposes):_____

Please update the following information:

☐ **Address Change** **Former Address:**

Street or PO Box:_____

City, State, Zip_____

New Address:

Street or PO Box:_____

City, State, Zip:_____

☐ **Phone Number Update**:_____

☐ **Personal Email Address Update**:_____

☐ **Change of Name****

Former Full Name:_____

New Full Name:_____

***Please note:** you will need to provide official documentation of a name change in order for the City to process this change. If you are a current City of Marlborough employee, you will need to make an appointment to come into Human Resources for this update, as you will be required to update your Form I-9 (and provide updated documentation).*

Signature:_____Date:_____

Human Resources ONLY

Notified: ☐ Payroll ☐ Health Insurance ☐ Dental Insurance ☐ Life Insurance ☐ IT