



DEMOGRAPHIC CHANGE FORM

Submit this form to your employer to make changes in your and/or your dependents' contact information or name. The information on this form will replace any prior information that you have submitted for your WCIF benefits.

THIS FORM IS TO REGISTER A CHANGE FOR (check one):

- Employee Address Change
 Dependent Address Change
 Change of Contact Information
 Name Change

EMPLOYER SECTION		
Employer Name:	Vimly, Inc. Account #:	Class Code (if applicable):
Approved By (administrator name):	Date Approved:	Special Note(s) / Direction(s):

EMPLOYEE INFORMATION			
NEW / CURRENT INFORMATION			
Name (First, Middle, Last):		Social Security Number:	
Mailing Address:	City:	State:	Zip:
Primary Phone:	Cell Phone:	Email Address (mandatory):	

PREVIOUS INFORMATION (if making a change)			
Name (First, Middle, Last):		Social Security Number:	
Mailing Address:	City:	State:	Zip:
Primary Phone:	Cell Phone:	Email Address:	

DEPENDENT INFORMATION			
NEW / CURRENT INFORMATION			
Name (First, Middle, Last):		Social Security Number:	
Mailing Address:	City:	State:	Zip:

PREVIOUS INFORMATION (if making a change)			
Name (First, Middle, Last):		Social Security Number:	
Mailing Address:	City:	State:	Zip:

SIGNATURE

This form replaces all previous forms and submissions I have made for WCIF benefits.

Employee's Signature: _____ Date: _____