



Please use this form to update the personal information for your dependents (changes to an employee's personal information must be completed through your department's business manager).

Please follow the instructions below:

1. Complete section A.
2. Complete section B only for those dependents needing their personal information updated.
3. If the dependent's name or date of birth is being changed, supporting documentation is required.
4. Submit the completed and original form (and any supporting documentation) to:

**Division of Human Resources**  
888 N. Euclid Avenue, Suite 114  
P.O. Box 210158  
Tucson, Arizona 85721  
Phone: (520) 621-3660 E-mail: [hrosolutions@email.arizona.edu](mailto:hrosolutions@email.arizona.edu)

**SECTION A: EMPLOYEE IDENTIFICATION INFORMATION (Print Clearly)**

<b>Last Name, First Name, M.I.</b>		<b>EmplID (Required)</b>
Phone (        )	Email address:	

**SECTION B: DEPENDENT INFORMATION (list only dependents being updated)**

<b>1</b>	<b>Last Name, First Name, M.I.</b>			List address if different from employee's:
	<b>Relationship to employee:</b>			<b>Select Changes(s) for this Dependent:</b>
	<b>Birth Date</b> / /	<b>Social Security #</b> / /	<b>Disabled?</b> Yes No	<input type="checkbox"/> Name Change                      Gender Change: _____ <input type="checkbox"/> Address Change <input type="checkbox"/> Correcting Date of Birth <input type="checkbox"/> Providing required SSN <input type="checkbox"/> Remove from list of dependents/beneficiaries
<b>2</b>	<b>Last Name, First Name, M.I.</b>			List address if different from employee's:
	<b>Relationship to employee:</b>			<b>Select Changes(s) for this Dependent:</b>
	<b>Birth Date</b> / /	<b>Social Security #</b> / /	<b>Disabled?</b> Yes No	<input type="checkbox"/> Name Change                      Gender Change: _____ <input type="checkbox"/> Address Change <input type="checkbox"/> Correcting Date of Birth <input type="checkbox"/> Providing required SSN <input type="checkbox"/> Remove from list of dependents/beneficiaries
<b>3</b>	<b>Last Name, First Name, M.I.</b>			List address if different from employee's:
	<b>Relationship to employee:</b>			<b>Select Changes(s) for this Dependent:</b>
	<b>Birth Date</b> / /	<b>Social Security #</b> / /	<b>Disabled?</b> Yes No	<input type="checkbox"/> Name Change                      Gender Change: _____ <input type="checkbox"/> Address Change <input type="checkbox"/> Correcting Date of Birth <input type="checkbox"/> Providing required SSN <input type="checkbox"/> Remove from list of dependents/beneficiaries

By my signature below, I authorize Human Resources to enter form information into the UAccess system. I affirm that it is my responsibility to review my information in UAccess and will immediately notify Human Resources of disparities.

Signature:	Date:
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