



CHANGE OF NAME-ADDRESS-PHONE FORM

Notify the Main Office immediately when any change occurs with the following:

Employee Name: _____ **Employee ID #:** _____

Effective Date of Change: _____

- Name Change (must have updated Social Security Card and new W-4 form)**
- Address Change**
- Phone Number Change**

PREVIOUS INFORMATION

<u>Current Home Address:</u>	<u>Mailing Address (if different than home address):</u>
Name: _____	Name: _____
Address: _____ Apt # _____	Address: _____ Apt # _____
PO Box _____	PO Box _____
City _____ State/Zip: _____ City _____	State/Zip: _____
Home Phone # _____	Home Phone # _____
Cell Phone # _____	Cell Phone # _____

NEW INFORMATION

<u>NEW Home Address:</u>	<u>Mailing Address (if different than home address):</u>
Name: _____	Name: _____
Address: _____	Address: _____
Apt # _____ PO Box _____	Apt # _____ PO Box _____
City _____ State/Zip: _____	City _____ State/Zip: _____
Home Phone # _____	Home Phone # _____
Cell Phone # _____	Cell Phone # _____

Fax completed form to: 1-262-644-7481 or
 Mail to: GeminiCares, Inc.
 840 Enterprise Drive
 Slinger WI 53086

A physical home address is required for state withholding tax purposes. If a move takes an employee out of state, complete the appropriate state residency form found in the LS / Forms / Tax Forms in PDF Format.