

# How to Update Your Employee Information

As personal changes occur, for example marital status, it is important to update critical personal documents with the most current information. The chart below provides the form title, number, and description. Employees may obtain these forms from their Department's Human Resources Office to update their employee information. The forms are also available at:

CalPERS Forms: <http://www.calpers.ca.gov>  
 Standard (STD) Forms: <http://www.dgs.ca.gov>  
 CalHR Benefits Calculator: <http://www.calhr.ca.gov>

FORM TITLE	FORM NUMBER	DESCRIPTION
EMERGENCY NOTIFICATION INFORMATION	Contact your Department's Human Resources Office	Use to change: <ul style="list-style-type: none"> <li>The names of individuals to notify in an emergency or changes to their information</li> <li>Medical information</li> </ul> <b>Note:</b> Provide a copy of the completed form to your supervisor.
PERSONAL PHYSICIAN PRE-DESIGNATION FORM	Contact your Department's Human Resources Office	Use to: <ul style="list-style-type: none"> <li>Pre-designate a physician to treat job-related injury/illness</li> </ul> <b>Note:</b> Labor Code 4600 provides employees the option to pre-designate a physician in the treating of job-related injury/illness. <b>Note:</b> Provide a copy of the completed form to your supervisor
PRE-RETIREMENT LUMP SUM BENEFICIARY DESIGNATION (CalPERS)*	My   CalPERS 0772	Use to change: <ul style="list-style-type: none"> <li>Person(s) designated to receive CalPERS benefits upon employee's death</li> </ul> <b>Note:</b> Mail the completed form directly to the CalPERS address on the form.
DESIGNATION OF PERSON(S) AUTHORIZED TO RECEIVE WARRANTS	STD 243 (Rev. 08/11)	Use to change: <ul style="list-style-type: none"> <li>Person(s) authorized to receive all State warrants payable to employee upon employee's death</li> </ul> <b>Note:</b> This is not a designation for payment of CalPERS death benefits and retirement contributions. Refer to Pre-Retirement Lump Sum Beneficiary Designation Form (my/CalPERS 0772) to complete a designation change.
EMPLOYEE ACTION REQUEST	STD 686 (Rev. 03/18)	Use to report: <ul style="list-style-type: none"> <li>Name change</li> <li>Tax withholding change</li> <li>Address change</li> <li>Birth date correction</li> </ul>

FORM TITLE	FORM NUMBER	DESCRIPTION
HEALTH BENEFIT PLAN ENROLLMENT FORM /  AND / OR  DENTAL PLAN ENROLLMENT AUTHORIZATION	HBD-12 (Rev. 01/18)  STD 692 (Rev. 07/17)	Use when: <ul style="list-style-type: none"> <li>• Adding dependents to health/dental coverage</li> <li>• Deleting dependents from health/dental coverage</li> <li>• Enrolling in health/dental coverage</li> <li>• Changing health/dental coverage</li> <li>• Canceling health/dental coverage</li> </ul> <p><b>Note:</b> All changes in health and dental coverage are subject to a permitting event and/or open enrollment period.</p> <p><b>Note:</b> The DGS website has an outdated STD 692 form. Please use CalHR's Benefits Calculator with the revision date of 07/17.</p>
OATH OF ALLEGIANCE AND DECLARATION OF PERMISSION TO WORK	STD 689 (Rev. 02/14)	Use when: <ul style="list-style-type: none"> <li>• Becoming a naturalized U.S. citizen</li> <li>• Changing from a non-resident alien to a permanent resident alien</li> </ul> <p><b>Note:</b> Provide a copy of citizenship paper or Alien Registration card.</p>
AUTHORIZATION TO USE PRIVATELY-OWNED VEHICLES ON STATE BUSINESS	STD 261 (Rev. 03/95)	Use when: <ul style="list-style-type: none"> <li>• Claiming privately-owned vehicle mileage on State business</li> <li>• Renewing annually</li> <li>• Change affecting certification occurs</li> </ul>

\*Complete a Pre-Retirement Lump Sum Beneficiary Designation Form (my/CalPERS 0772) only when changing designee(s) currently on file to receive all or a portion of your benefits.

**Submission** Except for the My I CalPERS 0772 form, all other forms are submitted to your Department's Human Resources Office.

**Contact** If you have any questions, please contact your Department's Human Resources Office.