



Personal Data Update Form

Version 2.1

The Personal Data Update Form may be used by a current employee to request updates to his/her personal data except for changes to direct deposit information. The [Direct Deposit Enrollment/Change Form](#) should be used for changes to direct deposit information. The following documents must be attached to this form:

- For change in name, a copy of Social Security card with new name
- For members of Religious Order, a letter from Religious Order verifying exemption from federal tax and FICA withholding and providing Direct Deposit Information.

Please indicate which section(s) should be updated:

Employee Data	Emergency Contact
Permanent (Legal) Address	Additional Information
Local Address	Dependent/Beneficiary Information
Voluntary Self-ID	

It is only necessary to complete the following:

- Eagle ID
- Name
- Appropriate section(s) to be updated (as indicated above)
- Signature with date

Select a section header to link to online instructions.

EAGLE ID (First 8 digits on BC Eagle-One Card):	Social Security Number
<u>I. Employee Data</u>	
Last Name	Suffix
First Name	Middle Initial Prefix
<u>II. Permanent (Legal) Address</u> (for non-US citizens, please use non-US address)	

Street Address	Apartment Number
Optional Address Line	Post Office Box Number
City	State Postal Code
Country	Telephone Number (including country code and area code)

III. Local Address (if different from Permanent Address)

Street Address	Apartment Number
Optional Address Line	Post Office Box Number
City	State Postal Code
Country	Telephone Number (including area code)

IV. Voluntary Self-Identification

Boston College is an equal opportunity employer. Boston College does not discriminate on the basis of race, color, sex, age religion, ancestry, national origin, disability, or status as disabled Vietnam-era veteran.

As an equal opportunity Boston College complies with all relevant government regulations and affirmative action responsibilities. Solely to help us with recording keeping, reporting and other legal requirements, we request that you complete this self-identification portion of the Personal Data Form. Submission of this informaiton is completely voluntary, and refusal to provide it will not subject you to any adverse treatment.

Marital Status Single Married	Race or Ethnic Group
Do you have a disability? No Yes	Veteran Status

V. Emergency Contact

Name	Relationship
Telephone Number (including country and area code)	

VI. Additional Information

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If you are a member of a Religious Order please indicate:

Boston College Jesuit

Non-Boston College Jesuit or Other Religious Order

Please attach a copy of letter from Order verifying exemption from withholding and confirming Direct Deposit information.

VII. Dependent/Beneficiary Information

(This will *not* enroll you in any plan nor update any beneficiary information on your benefits records. This is for informational purposes only and is *required* of all benefits-eligible employees.)

*Student employees and other non-benefits eligible employees should *not* complete this section.

1. Name				Social Security Number
Date of Birth	Address (if different from employee)			
Relationship	Full-time Student?	Gender	Marital Status	
	No	Female	Single	
	Yes	Male	Married	

2. Name				Social Security No
Date of Birth	Address (if different from employee)			
Relationship	Full-time Student?	Gender	Marital Status	
	No	Female	Single	
	Yes	Male	Married	

3. Name				Social Security No
Date of Birth	Address (if different from employee)			
Relationship	Full-time Student?	Gender	Marital Status	
	No	Female	Single	
	Yes	Male	Married	

4. Name				Social Security No
Date of Birth	Address (if different from employee)			
Relationship	Full-time Student?	Gender	Marital Status	
	No	Female	Single	
	Yes	Male	Married	

5. Name				Social Security No
Date of Birth	Address (if different from employee)			
Relationship	Full-time Student?	Gender	Marital Status	
	No	Female	Single	
	Yes	Male	Married	

VIII. Signature

Signature: _____ Date: _____ Ext.: _____

IX. Processing (to be completed by HRSC representative)

EAGLE ID (Last 8 digits on BC Eagle-One Card):	Processed in HRSC by: _____ Date: _____
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Important! Please keep a copy for your records.