



EMPLOYER NUMBER: _____ NAME: _____

ADD ___ CHANGE ___ EMPLOYEE

Social Security Number	Last Name	First Name	Middle Name	Suffix
Sex	Date of Birth	Home Phone	Work Phone	
Address 1				
Address 2				
City	State	Zip Code	Payroll Schedule	
Date of Hire	Employee Number	HCRA Deposit Per Pay	DCRA Deposit Per Pay	Effective Date of Change
Email Address				First Check Date Deposits To Be Taken

CHANGE EMPLOYEE NAME

Ss Num or Acct Num	New Last Name	New First Name	New Middle Name	New Suffix
--------------------	---------------	----------------	-----------------	------------

TERMINATE EMPLOYEE or STOP DEDUCTIONS

Ss Num or Acct Num	Termination Date	Last Paycheck Deduction To Be Taken	Comments
--------------------	------------------	-------------------------------------	----------

ADDITIONAL COMMENTS (Please Describe)

Ss Num or Acct Num	
--------------------	--

SIGNATURE BLOCK (All Changes Required At Least Employer Signature)

_____	____/____/____
Employee Signature	
_____	____/____/____
Employer Signature (Required)	

FAX Completed Form To: (314) 985-0277 or Mail To:

Tri-Star Systems 14323 South Outer 40 Road Suite 200 South Chesterfield, MO 63017

Tri-Star Systems and EzFlex4U are divisions of Tri-Star Benefit Systems, Inc. of Chesterfield, Missouri