



Change of Information

To be filled out by Employee only

Name change

Address change

Do you participate in the Progressive 401(k) plan?

If the Employee participates in the 401 (k) plan, they are responsible for notifying the 401(k) provider of changes in this information.

Employee Name: _____ Date: _____
(Print)

Social Security #: _____

ADDRESS CHANGE:

Employees please be aware that when you move from one state to another you must re-do your state tax form. Please contact the Payroll Department to either have this form faxed, emailed or mailed to you.

NEW ADDRESS:

NAME CHANGE:

Name change must be accompanied by a social security card with the new name, a marriage certificate or divorce decree.

Old Name: _____

New Name: _____

EMPLOYEE'S SIGNATURE: _____