



## PERSONAL INFORMATION CHANGES & INSTRUCTIONS

### COMPLETE & SUBMIT THE ATTACHED FORMS FOR CHANGES TO:

- Change of Name / Marital Status – **Complete all forms.**
  - **Two** additional documents required at time of packet submission:
    - State ID with new name AND
    - Social Security Card or receipt verifying pending change
- Emergency Contact
- PowerSchool Premier Account Application
- Change of Address / Email / Phone – **Complete Employee Personal Information Change Form**

### QUALIFYING LIFE EVENT CHANGES DUE TO:

Marriage, Divorce, Adoption, Birth, Death, Change in Employment status – self or spouse

Use the [Benefit Enrollment Form](#) to add or change coverage.

***Benefit changes must be elected within 30 days of the event.***

If adding/deleting dependents report a qualifying life event through ESS. Full-time employees who waive insurance must submit a signed [Waiver of Coverage form](#).

To add or remove dependents submit the required document(s) below to [benefits@k12northstar.org](mailto:benefits@k12northstar.org)

- Marriage Certificate – required to add spouse to health benefits
- Divorce Decree – required to remove spouse from benefits & retirement TRS/PERS
- Birth Certificate(s) – required to add a dependent to health benefits
- Legal Document – verifying adoption or guardianship

### BENEFICIARY DESIGNATION CHANGES FOR RETIREMENT:

*Form submission is the responsibility of the employee and should be submitted per form instructions.*

Links to the Div. of Retirement & Benefits forms and instructions are provided below:

**PERS** Employee - Exempt (hourly) or Classified (ESSA):

- <http://doa.alaska.gov/drb/pers/index.html>
  - **Tier I, II, and III - Defined Benefit (DB) Plan** (Entered service between 1/1/1961 and 6/30/2006)
    - <http://doa.alaska.gov/drb/pdf/forms/gen053.pdf>
  - **Tier IV - Defined Contribution (DCR) Plan** (Entered service after 6/30/2006 (July 1, 2006 to current))
    - [http://doa.alaska.gov/drb/dcrp/forms\\_resources/beneficiary.html](http://doa.alaska.gov/drb/dcrp/forms_resources/beneficiary.html)

**TRS** Employee - Certified Staff – Alaska Certificate required (FEA, FPA or Exempt):

- <http://doa.alaska.gov/drb/trs/index.html>
  - **Tier I, II, and III - Defined Benefit (DB) Plan** (Entered service between 1/1/1961 and 6/30/2006)
    - <http://doa.alaska.gov/drb/pdf/forms/gen053.pdf>
  - **Tier IV - Defined Contribution (DCR) Plan** (Entered service after 6/30/2006 (July 1, 2006 to current))
    - [http://doa.alaska.gov/drb/dcrp/forms\\_resources/beneficiary.html](http://doa.alaska.gov/drb/dcrp/forms_resources/beneficiary.html)



**FAIRBANKS NORTH STAR BOROUGH SCHOOL DISTRICT  
HUMAN RESOURCES DEPARTMENT  
520 5TH AVENUE, FAIRBANKS, AK 99701**

# EMPLOYEE PERSONAL INFORMATION CHANGE FORM

<b>Employee Group:</b>	Certified Staff	Classified Staff	Exempt
	Student / Intern	Substitute Teacher	Temporary

<b>UPDATE OR CHANGE THE FOLLOWING:</b> (please mark all changes that apply)	
Address / Email / Phone Number **Change of Name	Emergency Contact / Demographics Change of Marital Status

**Employee Name:** (please print clearly) \_\_\_\_\_ **F #:** \_\_\_\_\_

<b>CHANGE OF NAME:</b> (leave fields blank if no change)
<b>New Legal Name</b>
Last Name: _____ First Name: _____ MI: _____
<b>**DOCUMENTATION REQUIRED WITH FORM SUBMISSION TO COMPLETE A CHANGE OF NAME:</b>
<ul style="list-style-type: none"> <li>State ID with new name <u>AND</u></li> <li>Social Security Card <u>or</u> receipt verifying pending change</li> </ul>
<b>**See instruction page for changes to health benefits and retirement forms**</b>

<b>CHANGE OF ADDRESS / EMAIL / PHONE NUMBER:</b> (leave fields blank if no change)
Address: _____
<span style="margin-right: 150px;"><i>Street</i></span> <span style="margin-right: 100px;"><i>City</i></span> <span style="margin-right: 50px;"><i>State</i></span> <span><i>Zip Code</i></span>
Phone Number: (new primary) _____ Home _____ Cell _____
Personal Email: _____ @ <span style="margin-right: 50px;">yahoo.com</span> <span style="margin-right: 50px;">gmail.com</span> _____ .com .org .net

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

FOR OFFICE USE ONLY:				
	Fax for to FEA / ESSA:	YES		NO
	QLE Docs received:	YES		NO
	Voya forms received:	YES		NO
	Change to marital status:	YES		NO
	<i>(YES) = send to payroll for PERS / TRS status update</i>			
	Change to health benefits:	YES		NO



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# EMERGENCY CONTACT & DEMOGRAPHIC FORM

All Fairbanks North Star Borough School District employees are responsible for providing the Human Resources Department with the emergency contact information and with updating this information as needed.

Employee Name \_\_\_\_\_

F # (if known) \_\_\_\_\_

Work Location \_\_\_\_\_

### EMERGENCY CONTACTS

Individual(s) to be contacted in an emergency:  No Change

Name	Home	Cell Phone
Mailing address	Work Phone	
Physical Address	Relationship to employee	
Name	Home	Cell Phone
Mailing address	Work Phone	
Physical Address	Relationship to employee	

### DEMOGRAPHIC

No Change

**Marital Status:**            Married                                  Divorced                                  Single  
**Change to:**                Married                                  Divorced                                  Single

**Gender:**                        Male    Female  
**Change to:**                    Male    Female

This information is only for the state of Alaska Division of Retirement and Benefits (DRB) for their reporting purposes.  
The school district sends this information to DRB.

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# PowerSchool Premier

## User Account Application

Fairbanks North Star Borough School District

Student Information Systems

520 5<sup>th</sup> Avenue, Suite E – Fairbanks AK 99701



Name: [ _____ ] <small>(Prior Last Name)</small>			
Last	First	Middle	
f-number: _____		School/Dept: _____	
Work Phone: _____		Job Title: _____	
Are you replacing someone?    Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If yes, who?</i>			
<b>JOB TYPE</b>		<b>Program</b>	
<input type="checkbox"/> - Admin Sec / Couns Tech	<input type="checkbox"/> - Academic Intervention Aide	<input type="checkbox"/> - After School	<input type="checkbox"/> - Alaska Native Education
<input type="checkbox"/> - Counselor	<input type="checkbox"/> - Behavior Intervention Specialist	<input type="checkbox"/> - English Language Learners	<input type="checkbox"/> - Extended Learning
<input type="checkbox"/> - Elem, Couns, Attend Sec	<input type="checkbox"/> - Migrant Education	<input type="checkbox"/> - Prevention Intervention Specialist	<input type="checkbox"/> - Other:
<input type="checkbox"/> - Kitchen			
<input type="checkbox"/> - Library			
<input type="checkbox"/> - SpEd Aide / Clerk			
<input type="checkbox"/> - SpEd Aide with Restraint & Seclusion			
<input type="checkbox"/> - Sup, AS, Princ, AP, AD			
<input type="checkbox"/> - Teachers			
<input type="checkbox"/> - Other:			
Notes for special circumstances:  _____			
<b>Declaration of the Applicant</b>			
The password given to each user must be kept CONFIDENTIAL. I understand that no school district technology employee or department will ever ask me to share my password for any reason. <b>I will not disclose my password to anyone.</b>			
The information I may have access to is not available to the public and can only be released by specific personnel of the Fairbanks North Star Borough School District. I will never release information to anyone without first checking with my immediate supervisor. I understand that it is imperative that the all the information I come in contact with will be kept strictly confidential.			
_____		<b>signed by HR</b>	
Employee Signature	Date	Principal/Dept Head Signature	Date
* Return Completed Form to Student Information Systems Or Fax to 452-3312 *			
Processed By: _____		Date: _____	