

**EMPLOYEE PERSONAL STATUS CHANGE**

**PA 2298 / 03-15**

**INSTRUCTIONS:** Use this form (PA 2298) for name changes, marital status change and dependent additions/deletions. For home address and telephone changes, submit form PA 3614 to your facility Business Manager or via PeopleSoft Self-Service.

Name change, marital status and addition/deletion of dependents require a copy of any applicable documentation (i.e. state marriage certificate, divorce decree, birth certificate, etc.). Such documentation must be attached to this form for the requested change to be considered. Forms submitted without proper documentation will not be processed. You will receive a letter advising you of the required documentation. Any questions, please call (212) 435-2870.

Return this form to: The Port Authority of NY & NJ, HR Service Delivery, 4 World Trade Center – 16th Floor, 150 Greenwich Street, New York, NY 10007 or fax it to (212) 435-2871.

This form must be signed and dated before it can be processed.

**YOU WILL RECEIVE A CONFIRMATION LETTER WHEN CHANGES HAVE BEEN COMPLETED.**

Last Name (as currently on file)		First Name		M.I.	Employee No.
CHECK ONE: <input type="checkbox"/> Active Employee <input type="checkbox"/> Retired Employee		Home Telephone Number		Work Telephone Number	
Department		Title		Work Location/Zip	
CHECK APPROPRIATE BOX:		<input type="checkbox"/> My spouse is not a PA or PATH employee			
		My spouse is a <input type="checkbox"/> PA or <input type="checkbox"/> PATH employee (Furnish Name & Employee No. below)			
		Name:		Employee Number:	

*COMPLETE ONLY THOSE SECTIONS IN WHICH A CHANGE IS TO BE DONE*

<b>Name Change From</b> <i>Last Name, First Name, M.I.</i>	<b>Name Change To</b> <i>Last Name, First Name, M.I.</i>
Reason for Name Change (e.g.: married, divorced, etc.)	Date of Event
<b>Marital Status Change:</b> <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Legally Separated <input type="checkbox"/> Other	

**GROUP HEALTH AND DENTAL COVERAGE:** I wish to Add/Delete the following from my Group Health/Dental Coverage. Please indicate below for each dependent whether you are ADDING or DELETING.

FULL NAME	Relationship	Date of Birth	Add or Delete	Reason	Date of Event

(Attach sheet to list additional dependents if necessary)

\_\_\_\_\_ **Employee Signature**

\_\_\_\_\_ **Date**

**BENEFICIARY CHANGES** - To change life insurance or retirement beneficiaries' contact:

**Prudential Insurance Company:** (800) 778-3827 or visit the HRD/HR Service Delivery eNet website for life insurance beneficiary change form or visit Prudential's website: [www.prudential.com/mybenefits](http://www.prudential.com/mybenefits).

**New York State and Local Retirement System:** (866) 805-0990 or visit [www.osc.state.ny.us](http://www.osc.state.ny.us) for beneficiary change form.

**Railroad Retirement:** (877) 772-5772 or visit [www.rrb.gov](http://www.rrb.gov) for beneficiary change form.