



# Life Event Change in Employee Name and/or Marital Status

Instructions: Please complete form and return to Employee Services, OJRP-13 or P.O. Box 26666, Richmond, VA 23261 or send as an E-mail attachment to HREmpServicesinbox@dominionenergy.com, or Fax to 1-888-616-7538.

Employee Name (Currently on file)			
Last Name	First Name	Middle Name	
Employee Name Change (If applicable)			
Last Name	First Name	Middle Name	
Personnel or Social Security Number	Date of Birth	Date of Event	
Life Event (Check all that apply)			
<input type="checkbox"/>	Marriage		
<input type="checkbox"/>	Death of Spouse (Attach Death Certificate, if not previously submitted to Dominion)		
<input type="checkbox"/>	Divorce (Attach Divorce Decree)		
<input type="checkbox"/>	Name Change Due to Marriage		
<input type="checkbox"/>	Name Change Due to Divorce (Attach Divorce Decree)		
<input type="checkbox"/>	Name Change Other Than Marriage or Divorce (Attach Court Order)		
<b>Note:</b> To make changes to your employee benefits based on marriage or divorce, including adding or dropping a spouse or dependent, please contact the Dominion Benefit Center at 1-877-434-6996. Divorce decrees and court orders may be redacted to protect confidential information, but must show the effective date of the change and an official signature.			
Certification			
I certify that the information submitted on this form is accurate.			
Employee Signature (Required)	Work Location	Telephone Number	Date (Required)