



County of Cumberland Personnel Information Change Form

Please only list new changes on the form below and return it to the Personnel Department via email, mail or drop off at the Administration Building.

Last Name: _____

First Name, MI: _____

Former Last Name (if applicable): _____

Street Address (only if changing): _____

City, State, ZIP: _____

Home Phone Number: _____

Mobile Phone Number: _____

Email Address: _____

Emergency Contact: _____

Relationship to Contact: _____ Contact's Phone Number: _____

If you have experienced a qualifying life event such as a marriage, divorce, birth/adoption of child, etc. within the last 30 days and would like to make changes to your health insurance coverage, then please fill out a new set of enrollment forms. These can be found on the County's Employee BenePortal Website: www.cumberlandcountybenefits.com

Employee's Signature: _____

Date: _____

If you have any questions, please reach out to the Personnel Department at (856) 453-2121 or via email at HR@CumberlandCountyNJ.gov