

Diocese of La Crosse  
Lay Benefits  
Personal Information Change Form

Group # L06588

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***Employer Information***

Employer Name (Parish-School-Institution)

DOL Location #

City

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***Participant Information***

Participant First Name

Participant Last Name

Participant MI

Street Address

City

State

Zip

Phone Number

Personal Email

Social Security Number

Signature

Date

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Procedure

1. Verify Information Is Correct
2. Submit Copy To Payroll
3. Submit Copy To St. Ambrose
4. Retain Original In The Employee File