

Diocese of La Crosse
Lay Benefits
Personal Information Change Form

Group # L06588

Employer Information

Employer Name (Parish-School-Institution)

DOL Location #

City

Participant Information

Participant First Name

Participant Last Name

Participant MI

Street Address

City

State

Zip

Phone Number

Personal Email

Social Security Number

Signature

Date

Procedure

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