SequoiaSD
Part of the AssuranceSD Family

DEMOGRAPHIC CHANGE

Name: _____ Effective Date: _____

Last 4 Digits of SSN: _____
(Employee only)

Instructions: After completing the section above in full, complete ONLY the updated sections below then sign and date. Please submit the completed form to SequoiaSD via one of the following options:

Mail
34163 Pacific Coast Hwy
Suite 225-A
Dana Point, CA 92629

Email
SequoiaHR@SequoiaSD.com

Fax
949.876.8753

SECTION 1: NAME CHANGE

New Name: _____
Please submit an updated ID when requesting a name change.

SECTION 2: ADDRESS

Address: _____ ☐ New ☐ Add

City: _____ State: _____ Zip: _____

SECTION 3: PHONE NUMBER

Phone Number: _____ ☐ New ☐ Add

SECTION 4: EMAIL

Email: _____ ☐ New ☐ Add

Employee Full Name: _____

Employee Signature: _____ Date: _____