



# EMPLOYEE NAME / ADDRESS / TELEPHONE CHANGE FORM

Employee Name \_\_\_\_\_

Employee ID \_\_\_\_\_

Date \_\_\_\_\_

I would like to change my:

NAME (Go to #1)

ADDRESS (Go to #2)

PHONE NUMBER (Go to #3)

## 1. NAME CHANGE

New Name \_\_\_\_\_

Old Name \_\_\_\_\_

Name change due to:

- Marriage  
 Divorce  
 Other

SSN# \_\_\_\_\_

Effective date of change: \_\_\_\_\_

Form of documentation provided:  Social Security Card  Passport  Legal Decree

Next Steps:

- Copy of new Social Security Card  Change health and retirement beneficiary (if applicable)  
 Fill out a new IRS Form W-4 (if applicable)  Add or drop spouse on dental, vision, or medical insurance (if applicable)  
 Change life insurance beneficiary (if applicable) *Asuris*  
 Medical insurance is:  Group Health  Blue Cross

## 2. ADDRESS CHANGE

Old Address \_\_\_\_\_

New Address \_\_\_\_\_

## 3. PHONE NUMBER CHANGE

Old Phone(s) \_\_\_\_\_

New Phone(s) \_\_\_\_\_

\_\_\_\_\_  
 Authorized Employee Signature

\_\_\_\_\_  
 Date

### OFFICE USE ONLY

IFAS updated by \_\_\_\_\_ Date \_\_\_\_\_  Notified Payroll \_\_\_\_\_

Personnel File New Label \_\_\_\_\_  I-9 File New Label \_\_\_\_\_