HUMAN RESOURCES MANAGEMENT DEPARTMENT

Name/Address Change Form

Please print legibly

Employee Name _____ Employee Number _____ Date _____

Type of change (check all that applies):

☐ **Name Changed to:**

_____

Last Name First Name Middle Name

Reason for name change (please check one of the following and read the required actions):

☐ **Marriage**: You must provide a copy of your marriage certificate along with a copy of your signed updated Social Security Card and a DMV Driver License or ID. Your spouse can be added to your benefit plans within 60 days of your marriage date or during any open enrollment period. Your spouse's dependent(s) may also be added; social security cards and birth certificate(s) are required.

☐ **Divorce**: Please bring in your final divorce, Notice of Entry of Judgment along with a copy of your signed updated Social Security Card and a DMV Driver License or ID. Your ex-spouse will be dropped from all your benefits the month in which your divorce was finalized. Any medical visits made after the month in which your divorce was final will be the responsibility of your ex-spouse. COBRA information will be automatically mailed once we are notified of the final divorce date. Employees must provide the ex-spouse's address for COBRA notices to be mailed:

_____

Former Spouse's Name Address

☐ **Domestic Partnership**: You must provide a copy of the Declaration of Domestic Partnership along with a copy of your signed updated Social Security Card and a DMV Driver License or ID. Your domestic partner can be added to your benefit plans within 60 days of the Declaration of Domestic Partnership or during any open enrollment period. Your domestic partner's dependent(s) may also be added; social security cards and birth certificate(s) are required.

☐ **Other**: You must provide a copy of your signed updated Social Security Card with this form and a DMV Driver License or ID.

For name change only, you must provide a copy of your signed updated Social Security Card with this form.

☐ **Address Changed to**: _____

Address

_____

City State Zip

☐ **Phone changed to:**

Home phone: _____ Cell phone: _____

ORIGINAL TO HUMAN RESOURCES DEPARTMENT
COPY TO YOUR DEPARTMENT ADMINISTRATOR AND/OR EXECUTIVE SECRETARY

REV: 1/7/14