



CHANGE OF ADDRESS/NAME FORM

Instructions: Please complete each section of this form and return it to the HR/Payroll Office, so that your new address/name will be activated for all your employment records and documentation. It is recommended that you keep a copy of this form for your files.

It is important to note that this form is not applicable for an address/name change for the State Health Benefit Plan a separate document must be completed if you are currently enrolled in the State Health Benefit Plan.

SSN: _____ Employee ID: _____

NEW ADDRESS/NAME

NAME: _____

ADDRESS : _____

CITY: _____

STATE: _____ ZIP CODE: _____ PHONE: _____

PREVIOUS ADDRESS/NAME

NAME: _____

ADDRESS: _____

CITY: _____

STATE: _____ ZIP CODE: _____

Employee Signature

Date