



**CHANGE OF NAME / ADDRESS / TELEPHONE NUMBER**

**DIRECTIONS:** Employee completes this form when there is a change of name, address or telephone number. Please carefully follow all directions on this form. For a name change, a copy of the new Social Security reflecting the new name must be provided.

*Requests are not valid without the employee's original signature.*

\_\_\_\_\_  
 (PLEASE PRINT) EMPLOYEE NAME – If name has changed, print *former* name here Social Security No. \_\_\_\_\_

<input checked="" type="checkbox"/> <b>TYPE OF CHANGE</b> <i>(Mark all that are changing)</i>	<b>INFORMATION</b> <i>(Please complete address &amp; telephone #, even if unchanged*)</i>	<b>EFFECTIVE DATE</b>
<input type="checkbox"/> <b>NAME</b> <i>(For Name Change Only)</i>	_____ <b>REQUIRED: New Social Security card reflecting new name</b> <b>Contact Payroll/Benefits Coordinator regarding changes in beneficiaries and withholdings</b>	_____
<input type="checkbox"/> <b>ADDRESS</b> <i>(Must be completed*)</i>	_____ _____ _____	_____
<input type="checkbox"/> <b>TELEPHONE #</b> <i>(Must be completed*)</i>	_____	_____

*\*Completion of the address and telephone # above ensures accuracy of records.*

\_\_\_\_\_  
Employee Signature Date \_\_\_\_\_

\_\_\_\_\_  
Work Location Position \_\_\_\_\_

**FOR CENTRAL OFFICE USE ONLY – DO NOT WRITE BELOW THIS LINE**

<b>Address Change:</b> Payroll information updated in MUNIS _____ Health Insurance – change on KEHP _____ Life Insurance change form _____ Retirement change form _____ Changed on Payroll record _____ Changed on A/P record _____  <b>DATE RECEIVED:</b> _____  <b>DATE COMPLETED:</b> _____	<b>Name Change (Marriage or Divorce):</b> Health Insurance -- submit Update Form _____ Life Insurance change form _____ Retirement change form _____ American Fidelity change form _____ CERS/KTRS Retirement beneficiary change _____ Allianz life insurance beneficiary change _____ American Fidelity beneficiary change _____ State Life beneficiary change _____ Form W-4 _____ Form K-4 _____ Changed on Payroll record } <i>Need new</i> _____ Changed on A/P record } <i>Social Security Card</i> _____
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