



# School Administrative Unit 70

41 Lebanon Street Suite 2  
Hanover, New Hampshire  
03755-2147

*Hanover High School  
Frances C. Richmond Middle School  
Bernice A. Ray School  
Marion W. Cross School*

## Employee Information Change Form

SECTION I – CHANGE OF ADDRESS				
Name			Social Security Number	
<input type="checkbox"/> HHS	<input type="checkbox"/> MCS	<input type="checkbox"/> Ray School	<input type="checkbox"/> RMS	<input type="checkbox"/> SAU
Old Address			New Address	
City, State, Zip			City, State, Zip	
Old Telephone			New Telephone	
Old Email Address			New Email Address	

SECTION II – CHANGE OF NAME	
Must provide proof of name change (marriage certificate, legal document, etc.)	
Former Name	
Current Name	Effective Date

SECTION III – SIGNATURE	
Please provide your signature to authorize the requested change.	
Printed Name	
Signature	Date

\*\*\*Please note that you will need to contact the financial institution managing your 403(b) plan directly to inform them of this change.\*\*\*

SECTION IV – FOR SAU OFFICE USE ONLY. Email updates to applicable vendors.	
<input type="checkbox"/> Tyler (IVEE) Employee Information	<input type="checkbox"/> Building
<input type="checkbox"/> Tyler (IVEE) Vendor Information	<input type="checkbox"/> Name change checklist
<input type="checkbox"/> NHIT or SchoolCare	<input type="checkbox"/> NH Retirement System (Attn: Carol)
<input type="checkbox"/> VT BCBS	<input type="checkbox"/> VT Retirement System
<input type="checkbox"/> Delta Dental	<input type="checkbox"/> Benefit Strategies
	<input type="checkbox"/> csOne (VT HRA & Cobra)