



CHANGE OF NAME | ADDRESS | TELEPHONE NUMBER

DIRECTIONS: The 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. _____

| | | |
|--|---|------------------------------|
| <u>TYPE OF CHANGE</u> (Mark all that are changing) | <u>INFORMATION</u> (Please complete address & telephone #, <u>even if unchanged</u>) | <u>EFFECTIVE DATE</u> |
|--|---|------------------------------|

| | | |
|--------------------------------------|---|-------|
| <input type="checkbox"/> NAME | _____ | _____ |
| | REQUIRED: New Social Security card reflecting new name. | |
| | Contact Payroll/Benefits Coordinator regarding changing in beneficiaries and withholdings. | |

| | | |
|--|-------|-------|
| <input type="checkbox"/> ADDRESS (Must be completed) | _____ | _____ |
| | _____ | |
| | _____ | |

| | | |
|--|-------|-------|
| <input type="checkbox"/> TELEPHONE (Must be completed) | _____ | _____ |
|--|-------|-------|

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

| | |
|--------------------|-------|
| _____ | _____ |
| Employee Signature | Date |

| | |
|---------------|----------|
| _____ | _____ |
| Work Location | Position |

FOR CENTRAL OFFICE USE ONLY - DO NOT WRITE BELOW THIS LINE

| | |
|--|---|
| <u>ADDRESS CHANGE:</u> | <u>NAME CHANGE:</u> |
| Payroll Information updated in MUNIS _____ | Health Insurance - submit Update Form _____ |
| Health Insurance - change in KEHP _____ | Life Insurance Change Form _____ |
| Life Insurance change form _____ | Retirement Change Form _____ |
| Retirement Change Form _____ | American Fidelity Change Form _____ |
| Changed on Payroll Record _____ | CERS/KTRS Beneficiary Change _____ |
| Changed on A/P Record _____ | American Fidelity Beneficiary Change _____ |
| | Form W-4 _____ |
| | Form K-4 _____ |
| DATE RECEIVED: _____ | Changed on Payroll Record _____ *need new social card |
| DATE COMPLETED: _____ | Changed on A/P Record _____ *need new social card |