M.S.A.D. No. 75
50 REPUBLIC AVE.
TOPSHAM, ME 04086

EMPLOYEE CHANGE OF LEGAL NAME, ADDRESS, OR PHONE NUMBER

TYPE OF CHANGE: _ _ Address

_____ Legal Name **Legal Name changes require verification with updated Social Security Card (please attach)*

NEW: Name: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Phone: _____

OLD: *Name:* _____

Address: _____

City: _____

State: _____ *Zip Code:* _____

Phone: _____

- **Effective Date of Change:** _____

Employee Signature: _____

OFFICE USE ONLY

HR Dept: _____
(Name) (Date)

Payroll Dept: _____
(Name) (Date)

Maine PERS

Anthem (Health) ☐

MSMA (Dental) ☐

IT ☐

NEO ☐