



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"/> WEX
	<input type="checkbox"/> csONE