



West Valley Central School

NAME CHANGE FORM

Previous Name (Last, First, M.I.):

New Legal Name (Last, First, M.I.):

Reason:

Effective Date:

★ **REQUIRED:** a copy of an updated Social Security card, marriage license, or divorce decree for proof of the name change.

If you are on the district's health insurance plan, you also need to fill out and sign an updated **Health Insurance Enrollment form** that can be found on the Business Office page on the website.

It is the **employee's responsibility** to contact the following for a name change:

- NYSTRS or ERS
- 403(b) provider

For Business Office Use Only:

☐ Health Insurance

☐ P&A Group

☐ Dental Insurance

☐ nVision

☐ Vision Insurance

☐ Main Office

☐ Life Insurance

☐ Technology