

EMPLOYEE CHANGE OF ADDRESS/NAME

Employee Name: _____

Employee ID: _____ **Department:** _____

Type of Employment: **Full-time** **Part-time** **Temporary**

New Address/Name: _____

New Phone Number (if applicable): _____

Employee Signature: _____ **Date:** _____

For Office Use Only	
<u>Full Time:</u>	
<input type="checkbox"/> Notify Payroll	
<input type="checkbox"/> <u>Notify carriers</u>	
<input type="checkbox"/> MCEP PPO	
<input type="checkbox"/> Kaiser	
<input type="checkbox"/> Delta Dental _____	
<input type="checkbox"/> Flex Plan	
<input type="checkbox"/> FPPA – Police Pension	
<input type="checkbox"/> ICMA/RC – Deferred Compensation	
<input type="checkbox"/> Life/pension enrollment forms (to update beneficiary information)	
<input type="checkbox"/> Lincoln Financial – Additional Life Insurance	
<input type="checkbox"/> VSP	
<input type="checkbox"/> Personnel Action Form (for name change only)	
<input type="checkbox"/> File (for name change only)	
<input type="checkbox"/> Notify IT (for name change only)	
<input type="checkbox"/> W-4	
<u>Part Time:</u>	
<input type="checkbox"/> Notify Payroll	
<input type="checkbox"/> <u>Notify carriers</u>	
<input type="checkbox"/> Delta Dental _____	
<input type="checkbox"/> Flex Plan	
<input type="checkbox"/> ICMA/RC – Deferred Compensation	
<input type="checkbox"/> Life enrollment form (to update beneficiary information)	
<input type="checkbox"/> Lincoln Financial – Additional Life Insurance	
<input type="checkbox"/> VSP	
<input type="checkbox"/> Personnel Action Form (for name change only)	
<input type="checkbox"/> File (for name change only)	
<input type="checkbox"/> Notify IT (for name change only)	
<input type="checkbox"/> W-4	
<u>Temporary:</u>	
<input type="checkbox"/> Notify Payroll	
<input type="checkbox"/> Personnel Action Form (for name change only)	
<input type="checkbox"/> File (for name change only)	

PLEASE NOTE: For changes to Emergency Contact Form, contact your department.