

# EMPLOYEE CHANGE OF NAME/ADDRESS

Employee ID Number: \_\_\_\_\_

Current Name: \_\_\_\_\_

Current Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

New Name: \_\_\_\_\_

New Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Effective Date: \_\_\_\_\_

Please send completed form(s) to the Human Resources Department.

Please be advised that the Human Resources department will contact Aetna and Direct Reimbursement Dental, if you are enrolled in these plans. With regard to The Standard; the LTD/Life Insurance carrier, attached is their required form, please complete and return to Human Resources. It is your responsibility to contact TIAA/CREF if you participate in either retirement plan.

Retirement Plan – TIAA/CREF – 800-842-2776