



# Employee Information Change

## ADDRESS/NAME CHANGE REQUEST

**Directions:** Request must be completed by the employee.  
We will need to see your NEW Social Security Card before name changes can be made.  
Bring completed forms to Human Resources, 144 Graff Main Hall.

Today's Date: \_\_\_\_\_

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

Current or Former Name: \_\_\_\_\_

Person ID #: \_\_\_\_\_

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

New Home Phone #: ( ) \_\_\_\_\_

Note: Home addresses and phone numbers listed in the campus directory are no longer public information.  
Do you want yours listed in the directory?  No  Yes \_\_\_\_\_ (If yes, please initial.)

New Name: \_\_\_\_\_  
Print exactly as shown on your NEW Social Security Card.

If changing your name, do you want your current 8.4 email address changed?  No  Yes

### TO ENSURE THAT YOUR INSURANCE PROVIDERS HAVE YOUR CORRECT CONTACT INFORMATION:

Do you have Health Insurance:  No  Yes (If yes, please complete the [Health Insurance Information Change Form](#))

Do you have Vision Insurance:  No  Yes (If yes, please complete the VSP Form at <http://www.uwsa.edu/hr/benefits/ins/uws66.pdf>)

Do you have Savings Bonds:  No  Yes (if yes, please follow instructions on their site at <http://www.nbtco.com>)

Do you have Dental Insurance?  No  Yes (If yes, contact your dental insurance carrier.)

Signature \_\_\_\_\_

Date \_\_\_\_\_

### HUMAN RESOURCE USE ONLY

Date Rec'd: \_\_\_\_\_

Task	Address Changes		Name Changes	
		Date and HR Initials, if checked		Date and HR Initials, if checked
HRS	✓		✓	
WINGS	✓		✓	
New I-9			✓	
SS Card (1 copy for I-9)			✓	
ITS (copy to ITS if email chg needed)			✓	
Email notice sent to BS/HR			✓	
File Maintenance			✓	