EMPLOYEE CHANGE FORM

Employee Name: _____ S.S. # _____

Check all that apply:

- ☐ Marriage
- ☐ Name Change*

_____
New Name (Effective when new S.S. card is obtained.)

- ☐ Divorce/Legal Separation
- ☐ Address Change*
- ☐ Birth of Child/Adoption of Child

_____
(Name, gender, date of birth/adoption)

- ☐ Ineligible Dependent

_____
(Name, birth date)

Date of Event: _____

New Address: _____

_____
City Zip Code County

Phone Number: _____

*NOTE: Address, name, and beneficiary changes must be made by the employee via online with INPRS, formerly PERF, (www.in.gov/inprs/) and OptumHealth Bank (www.optumhealthbank.com); HR is no longer able to make this change on your behalf.

Employee
Signature: _____ Date: _____

Original to Human Resources

cc: Payroll

(Revised December 2011)