



NAME / ADDRESS CHANGE FORM

CHECK ALL APPLICABLE:

- Marital Status Change
- Change of Address
- Name Change

PLEASE PRINT:

Name Last 4-digits SSN #

Department Work Phone

MARITAL STATUS: (Check One) Single Married

RESIDENT MAILING ADDRESS:

Address Apt / Unit

City State Zip Code

Telephone (including Area Code)

DRIVER'S LICENSE:

Driver's License # State Expiration Date

NAME CHANGE: If a legal qualifying event has occurred, use this section to notify Human Resources of your name change.

Full Name Prior to the Change

Full Name After the Change

IMPORTANT: A copy of my new SOCIAL SECURITY card has been submitted to HR for I-9 purposes. Yes No

- I have completed a W-4 form.
- I am moving from ND to MN and have completed a NDW-R Reciprocity Form.
- I participate in NDPERS (Pension / Health Insurance) – I have completed the Member Self Service requirements online.

Reminder: Notify disability insurance, 457 deferred compensation and other benefit providers of your address change.

I authorize Human Resources to set up the changes requested on this form

Employee Signature Date