

CHANGE OF ADDRESS / NAME CHANGE

___ FACULTY

___ STAFF

___ STUDENT

NAME: _____
(name currently on record with HR if changing name)

NEW NAME: _____

DEPT: _____ SOC. SEC.#: _____

NEW ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE # (WITH AREA CODE): _____

EFFECTIVE DATE: _____

**If you participate in the 403B Savings Plan, you must notify TIAA at :
800-842-2733 (or via your online account at www.tiaa-cref.org)**

HR OFFICE USE ONLY:

- | | |
|---|---|
| <input type="checkbox"/> Payroll | <input type="checkbox"/> BASIC (FSA Acct) |
| <input type="checkbox"/> Academic Affairs (Faculty) | <input type="checkbox"/> Benefit Notification Handout |
| <input type="checkbox"/> Registration (Faculty) | <input type="checkbox"/> Blue Cross ([<input type="checkbox"/> PPO / [<input type="checkbox"/> BCN) |
| <input type="checkbox"/> Department | <input type="checkbox"/> Delta EPO |
| <input type="checkbox"/> Colleague | <input type="checkbox"/> Delta Dental PPO |
| | <input type="checkbox"/> Pre-Paid Legal |