

Department of Human Resources Name Change Form

Employee ID: _____

Previous Name: _____

New Name: _____

Effective Date of Change: _____

Reason for Name Change: _____

Recently married or divorced? See the Change in Marital Status page for helpful information.

Employee Signature _____

For HR Use Only

Notify the following organizations:

Aetna (HMO)
Aetna (Dental)
Blue Cross/Blue Shield
Ceridian
Cigna Life
CNA
CompBenefits
Emeriti
Fidelity
MassMutual
TIAA/CREF
Valic
Vanguard

Placed in Name Change box

_____ Initials

Student Worker

Benefits folder name changed

Personnel folder name changed
