



NAME/ADDRESS CHANGE FORM

Human Resources
MC - 4035

Telephone: (860) 679-2426
Fax: (860) 679-1051

PLEASE TYPE OR PRINT – RETURN THE COMPLETED FORM TO HUMAN RESOURCES, MC-4035, ATTN: RECORDS UNIT

Last Name	First Name	Middle Name	Employee #
-----------	------------	-------------	------------

Check all that you are changing:

- Address Name Marital Status Dependent/Beneficiary Emergency Contact

Attention Alternate Retirement Plan Participants: Please notify ING Financials at 1-800-584-6001 and TIAA-CREF (if applicable) at 1-800-842-2776 of name/address changes.

ADDRESS CHANGE

Previous Address

Street Number & Name			
City	State	Zip Code	Telephone

New Address

Street Number & Name			
City	State	Zip Code	Telephone

NAME CHANGE

Please Note: An updated Social Security card with your new name is required to initiate a name change.

New Name

Last Name	First Name	Middle Name
-----------	------------	-------------

MARITAL STATUS CHANGE

- Single Married Separated Divorced Widowed Other _____ Eff Date _____

DEPENDENT/BENEFICIARY CHANGE

Please Note: Adding/removing dependents to health insurance coverage must be done within 30 days of a family status change (i.e. birth, adoption, marriage, divorce).

Appropriate forms will be forwarded to you if you answer yes to any question.

Add/cancel dependent coverage? Yes No Proof of change (legal document) must be provided to Human Resources.

Change retirement beneficiaries? Yes No

Change life insurance beneficiaries? Yes No

EMERGENCY CONTACT CHANGE

Primary

Name		Relationship
Street Number & Name		City
State	Zip Code	Telephone

AUTHORIZATION I authorize UCHC to make the appropriate changes to my employee data as noted on this form.

Employee's Signature _____

Date _____