

Date of Request _____

Effective Date of Change _____

Employee Name _____

Last 4 of Social Security Number _____

Type of Change: (Check the box next to the change)

<input type="checkbox"/>	<p><u>Name Change</u> <i>Please submit documentation of name change</i></p> <p>Old Name: _____</p> <p>New Name: _____</p> <p>Name changes must be reported to ERS (866-805-0990) or TRS (800-782-0289) by the employee <i>If there is a life changing event, please be sure to contact ERS/TRS for Beneficiary Purposes</i></p>
<input type="checkbox"/>	<p><u>Address Change</u></p> <p>From: _____</p> <p>City and State: _____ Zip: _____</p> <p>To: _____</p> <p>City and State: _____ Zip: _____</p>
<input type="checkbox"/>	<p><u>Phone Number Change</u> <i>New Number ONLY</i></p> <p>Home: _____ Cell: _____</p>
<input type="checkbox"/>	<p><u>Emergency Contact</u></p> <p>Name: _____ Relation: _____</p> <p>Phone: _____ Cell: _____</p>
<p>Please answer the following:</p> <p>Do you have Health Insurance with BOCES? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Do you have Dental Insurance with BOCES? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	
<p>Employee Signature: _____ Date: _____</p>	

Please be sure to fill out this form and submit to the Human Resources Department at BOCES. It is imperative that the Payroll and Human Resources Departments have correct information.