



Employee Information Change Form

Employee Information

Employee Name Last First Middle (If Applicable)

(If submitting a name change, list the name prior to the change)

Effective Date of Change J-Number Last 4 for SSN

Check All That Apply: Name Change Personal Contact Information Emergency Contact

Name Change Information

Note: Please provide legal documentation to have your name legally changed. Present a copy of your social security card with your new and acceptable documents such as a court order or marriage certificate.

New Legal Name Last First Middle (If Applicable)

Personal Contact Information

New Address Street Address Apartment Number (If Applicable)

City State Zip Code

Personal Email Phone Number: () -

Emergency Contact Information

Contact Name Last First Middle (If Applicable)

Address Street Address Apartment Number (If Applicable)

City State Zip Code

Phone Number: () - Relationship

Benefits Information

(All benefit plan vendors you are currently enrolled with, will be updated with the address you provide on this form. Please make sure you select the appropriate benefit vendor. (Optional Retirement Plan (ORP), voluntary supplemental 403(b), and/or MS Deferred compensation Retirement Plan address changes must be submitted via your online account with each vendor)

- State Health And Life (BCBSMS) Public Employees' Retirement System of MS (PERS)
Southern Administrators & Benefits Consultants Cigna Long Term Disability
Delta Dental Insurance Superior Vision

Employee Certification

Employee Signature Date

For Office Use Only

HRIS Representative Signature Date

HR Benefits Representative Signature Date