

EMPLOYEE INFORMATION CHANGE FORM

Employee Name: _____

Department: _____

Address Change _____ **Payroll** _____ **TCDRS** _____ **BCBS** _____

Previous: _____

Street City State Zip

Current: _____

Street City State Zip

Name Change * _____ **Payroll** _____ **TCDRS** _____ **BCBS** _____

Reason for Name Change: _____

Previous: _____

Last First Middle

Current: _____

Last First Middle

* Include copy of driver's license and social security card showing current name.

Voluntary Deduction(s) cancellation

Select Deduction(s) type

☐ AFLAC

☐ Nationwide

☐ TMPA

☐ YMCA

☐ Prepaid Legal

☐ United Way

☐ Credit Union

Employee Signature _____

Date _____

RETURN CHANGE FORM TO HUMAN RESOURCES FOR PROCESSING