



## EMPLOYEE NAME/ADDRESS CHANGE NOTICE

PLEASE PRINT

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name Change       Address Change

### Change to:

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address #1. \_\_\_\_\_  
Mailing Address

Address #2. \_\_\_\_\_  
Street Address

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (      ) \_\_\_\_\_

*Note: If address change, please include **both** mailing address and physical street address, if different. If name change, please attach copy of new social security card.*

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### **For Administrative Use Only**

The following records have been updated:

- Health Insurance data, including dental and vision plans.
- NYS Deferred Compensation Plan Change of Address/Name form provided to employee.
- NYS Deferred Compensation Plan Beneficiary Designation form provided to employee, if applicable.
- NYS Retirement System Name Change Notice, RS5483-I, provided to the employee
- NYS Retirement System Change of Address form, RS5512, provided to the employee.
- Civil Service notifications (Change of Address/Name Change Request forms) sent.
- Copy sent to Payroll.