For office use only:

____Payroll____Benefits____AP

Stafford County Schools
Name/Address Change Form

Employee Information

Name: ______________________________ Employee ID or SSN: ____________
Last First Middle Initial

Changes Apply to the Following

- ☐ Flexible Spending Account
- ☐ Accident
- ☐ Cancer
- ☐ Hospital Indemnity
- ☐ Critical Illness
- ☐ Short-Term Disability
- ☐ Texas Whole Life
- ☐ Health Insurance
- ☐ Dental Insurance

Type of Change:

NAME: ☐ Employee ☐ Spouse ☐ Child

Reason for Change:
- ☐ Marriage/Divorce
- ☐ Spelling Incorrect
- ☐ Other ____________

Change Name: ______________________________
(Please PRINT Clearly) Last First Middle Initial
(OLD)

____
(Please PRINT Clearly) Last First Middle Initial
(NEW)

ADDRESS:

Change Address From: ______________________________
(Please PRINT Clearly) Street Apt. No.

____
City **State** **Zip**

To: ______________________________
(Please PRINT Clearly) Street Apt. No.

____
City **State** **Zip**

Phone Number Change: ______________ ______________
(OLD) **(NEW)**

Employee Signature: ______________________________ **Date:** ____________