



**PRESIDENT'S OFFICE
NAME/ADDRESS CHANGE FORM**

NAME _____
Please Print

Employee ID#

SIGNATURE _____

Effective Date

ADDRESS CHANGE TO:

Street

City, State, Zip

TELEPHONE NUMBER CHANGE TO: _____

NAME CHANGE:

FROM: _____ TO: _____

Change in Marital Status To: Single ____ Married ____ Divorced ____

Emergency Contact Change To:

Name: _____ Address: _____

Phone: _____

- If you have Dental or Health insurance, please complete GIC Form 1 and Dental Form.
- If you are changing your family status (due to marriage, divorce, etc.) and you wish to change the beneficiary of your life insurance or your retirement fund, please contact Human Resources for the Change of Beneficiary forms.
- If you wish to change your tax exemptions, please complete new federal and state tax forms.

Return completed form(s) to:

**UMass/Human Resources
333 South St, Suite 450
Shrewsbury, MA 01545
774-455-7568
FAX: 774-455-7574**