

## Contact Information Change Form

Office Use

HR:

AP:

PR:

**PLEASE PRINT CLEARLY**

Name: \_\_\_\_\_

Employee ID Number: \_\_\_\_\_ Position: \_\_\_\_\_

### ***NEW CONTACT INFORMATION***

#### ***Mailing Address***

Street or PO Box: \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

#### ***Phone Number***

Please verify your phone numbers (include area code):

Home: \_\_\_\_\_ Cell: \_\_\_\_\_

### ***NAME CHANGE***

A legal name change requires proper identification, such as a new social security card or passport, before paperwork can be processed. You must also complete a new I-9, and federal and state W-4 tax forms in your new legal name.

New Name: \_\_\_\_\_

Documentation verified by (Central Office) : \_\_\_\_\_ Date: \_\_\_\_\_

Effective date of change: \_\_\_\_\_

Employee signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Please complete, sign, and submit this form along with proper documentation to the RSU 9 Central Office, 129 Seamon Road, Suite 2, Farmington, ME 04938.*

**\*\*Central Office staff will update the employee's name, address, and phone numbers in RSU 9 databases and systems, Anthem, Delta Dental, Maine State Retirement, 403(b) accounts, etc.**