UofA
COMMUNITY COLLEGE
at Batesville

2005 White Drive, Batesville, AR 72501
Human Resources: 612-2165 Payroll: 612-2006

HUMAN RESOURCES

EMPLOYEE NAME/ADDRESS CHANGE FORM

_____ _____ _____
First Name Last Name Social Security Number

_____
Current Phone (Circle one or list all: Home/Cell/Work)

NAME CHANGE

OLD NAME	
NEW NAME	

***Name will not be changed on the payroll system unless a new Social Security Card reflecting the new name is attached.** Please provide copy of new Driver's License for AR State Vehicle purposes, as well.

ADDRESS CHANGE*

NEW ADDRESS	

PHONE CHANGE*

Home Phone	
Cell Phone	

Please update my name/address change with the following:

☐ **UMR Health** ☐ **UMR – Flex Health Account**

☐ **Blue Cross/Shield Dental** ☐ **UMR – Flex Dependent Care Account**

☐ **METLIFE Critical Illness** ☐ **VISION**

☐ **RETIREMENT PLAN** (CHECK ONE BELOW)

☐ **TIAA-CREF** ☐ **Fidelity** ☐ **AR TEACHERS** ☐ **APERS**

_____ _____
Employee Signature **Date**

*****NOTE: EMPLOYEE MUST COMPLETE A NEW EMERGENCY CONTACT FORM, if applicable***

For Personnel use only Date Received_____ ____ Copy to Payroll ____ Copy to Personnel File
____Notify Appropriate Department Secretary ____ Update computer files, as indicated
____ Insurance companies notified, or forms provided