



**REQUEST TO CHANGE NAME**

Current Name: \_\_\_\_\_ Employee #: \_\_\_\_\_

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

**NOTE: In addition to the change form you must provide a copy of your Social Security Card or letter from Social Security Administration and a copy of your updated Driver's License.**

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

- The following benefits will be updated to reflect the change, if applicable:
  - Medical, FSA, VLTD, Dental, Vision, & FRS.
- You must contact Aflac and Nationwide directly if you participate in those optional benefits.

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**HR Internal use only**

Please initial when the following changes are complete and file the completed form with the copies in the employees benefits file.

\_\_\_\_\_ **Payroll - Update Munis** (This change updates group benefits via 500 Report and FRS via the Monthly FRS Reporting.)

\_\_\_\_\_ **HR Assistant - Update Kronos & Personnel Files**

\_\_\_\_\_ **HR Assistant - Report change to IT via Help Ticket once Munis is updated**

\_\_\_\_\_ **HR Assistant - Report change to Facilities Management via email at FMSR@ircgov.com**