NAME/ADDRESS CHANGE FORM
Please inform Human Resources ASAP

☐ FACULTY  ☐ ADMIN/PROFESSIONAL  ☐ CLASSIFIED  ☐ OTHER  ☐ NON-EMP/VOL

Fill/complete the appropriate areas that need to be changed or updated. Include current information. This form is also available on-line: http://www.willamette.edu/dept/hr/forms/index.html

CURRENT INFORMATION:
DEPARTMENT: ______________________________________________
NAME: ____________________________________________________________________________
ADDRESS: ____________________________________________________________________________
CITY: __________________________ STATE: ______ ZIP: ________ HOME PH: ____________
CELL PH: ________________

NEW INFORMATION:
DEPARTMENT: ______________________________________________
NAME: ____________________________________________________________________________
ADDRESS: ____________________________________________________________________________
CITY: __________________________ STATE: ______ ZIP: ________ HOME PH: ____________
CELL PH: ________________

EFFECTIVE DATE: __________________________

BENEFIT ENROLLMENTS (CHECK ALL THAT APPLY):

Willamette HR will notify the benefit providers listed below, except TransAmerica, AIG or TIAA-CREF of your address change for you.

☐ Kaiser (Health or Dental)  ☐ Pioneer (Health or Dental)  ☐ eFlex Group (Flexible Spending)

Employee Signature_________________________________________ Date _________________________

Human Resources ___________________________________________ Date _________________________

HUMAN RESOURCES USE ONLY: (initial when update is completed)

DATATEL Update:  Pioneer Update:  Kaiser Update:  eFlex Update:

Revised 05/24/13