

Employee Personal Change Form

All changes must be done within 30 days.

Current Name _____ SS# _____

Today's Date _____ Effective Date _____

Type of Change

Address Change Name Change *

Reason for Change

Marriage ** Moved
 Divorce*** Other _____

New Information

Name _____

Address _____

City _____ State _____ Zip Code _____

Phone () _____

Additional Comments _____

*If you are changing your name we **MUST SEE** your new social security card or receipt for new card.

** If you are married:

- Copy of marriage license
- Spouse's SS#
- Beneficiary – Change on Benefits website www.gchbenefits.com
- 401(k) & 403(b) Beneficiary Forms
- Tax forms (Federal/State)

*** If getting a divorce:

- We **NEED** the **ENTIRE** Judgment of Divorce.
- Beneficiary – Change on Benefits website www.gchbenefits.com
- 401(k) & 403(b) Beneficiary Forms
- Tax forms (Federal/State)

Employee Signature _____

Date _____

Human Resources _____

Date _____