WILLAMETTE UNIVERSITY

NAME / ADDRESS CHANGE FORM

Please inform Human Resources ASAP

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

CURRENT INFORMATION:

DEPARTMENT:

NAME:

ADDRESS:

CITY: STATE: ZIP: HOME PH:

NEW INFORMATION:

DEPARTMENT:

NAME:

ADDRESS:

CITY: STATE: ZIP: HOME PH:

EFFECTIVE DATE:

BENEFIT ENROLLMENTS (CHECK ALL THAT APPLY):

Willamette HR will notify these benefit providers of your address change for you.

☐ Kaiser ☐ Pioneer (Health or Dental) ☐ Manley (flexible spending)

☐ VALIC ☐ TIAA-CREF ☐ Other _____

Employee Name _____ Date _____

Human Resources _____ Date _____

HUMAN RESOURCES USE ONLY:

DATATEL UPDATE: **COREREMOTE UPDATE:** **KAISER UPDATE:** **INITIALS:**