



Employee Change of Name/Address Form

HR & Financial Shared Services Center

Employee Name (as we currently know it)	Banner ID#	Benefited?
	87	Yes No

For **name changes**, complete applicable sections. Print and sign the form. Submit in person along with an original government issued document, such as a social security card, confirming your name change to the HR/FIN Shared Services Center located in Mary Reed, so that we may update your original I-9. ***You must do this in person.***
Please note: you must first change your legal name with the Social Security Administration before changing your name with DU.

Please complete this section with your *new legal name*:

First	Middle	Last

For **address changes**, please complete this section. Sign the form, then return to Human Resources. Submit form by dropping off in MRB-107A or email to mary.dolson@du.edu

Old address:	New address:
_____ _____ _____	_____ _____ _____

Benefited employees with insurance coverage through the University, please check appropriate boxes:

Kaiser

Please note: HSA accounts must be updated directly with Wells Fargo.

Delta Dental

Vision

Retirement through TIAA-CREF

Please note: TIAA-CREF requires you to contact them directly if you wish to change this information.

Signature: _____
Employee Requesting Change

Date

HR USE ONLY:

Witnessed by _____	Date _____
Copied for benefits	In Banner