



## Employee Change of Name/Address Form

### Human Resources & Benefits Office

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 Department of Human Resources 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 via fax to 303-871-3656 or email to [mary.dolson@du.edu](mailto:mary.dolson@du.edu)

Old address:	New address:
<hr style="width: 80%; margin: 5px auto;"/> <hr style="width: 80%; margin: 5px auto;"/> <hr style="width: 80%; margin: 5px auto;"/>	<hr style="width: 80%; margin: 5px auto;"/> <hr style="width: 80%; margin: 5px auto;"/> <hr style="width: 80%; margin: 5px auto;"/>

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