



**City of Traverse City
Personnel Change Form**

Employee First and Last Name: _____

ADDRESS CHANGE

New Address		
Address:		
City:	State:	Zip:

NAME CHANGE

Employee New Legal Name (as it appears on your Social Security Card):		
Last Name:	First Name:	Middle Name:
Previous Legal Name:		
Last Name:	First Name:	Middle Name:
Effective Date of Change:	Reason for Change	Marital Status
		<input type="checkbox"/> Single <input type="checkbox"/> Married
Employee Signature:		Date:

Please attach a copy of your marriage license, divorce documents, driver license, and/or social card with this form and submit to Human Resources.

FOR HR use only
<p>The name/address change should be applied to the following (select applicable benefits):</p> <ul style="list-style-type: none"> <input type="checkbox"/> BS&A <input type="checkbox"/> Health Insurance <input type="checkbox"/> Dental Insurance <input type="checkbox"/> Vision Insurance <input type="checkbox"/> Mission Square 457 or EMPOWER 457 <input type="checkbox"/> MERS Defined Benefit <input type="checkbox"/> MERS HCSP