

CHANGE OF ADDRESS / NAME CHANGE FORM		Effective Date:	
SANDOVAL COUNTY		Date of Birth:	
Please ensure a PERA Change form is filled out in conjunction with this form or will not be accepted			
ACTION		REASON FOR ACTION	
<input type="checkbox"/> Address Change <input type="checkbox"/> Name Change		<input type="checkbox"/> Moved <input type="checkbox"/> Marriage <input type="checkbox"/> Divorce <input type="checkbox"/> Other	
Social Security No.	Employee Name: First, M. I., Last:	Phone Numbers:	
		Home:	Work:
Department:			
ADDRESS CHANGE		Comments:	
NEW MAILING Address:			
City, State, Zip:			
If Physical & Mailing address is the same, check here: <input type="checkbox"/>			
NEW PHYSICAL Address:			
City, State, ZIP:			
PREVIOUS Address:			
City, State, Zip:			
NAME CHANGE - REQUIRES EMPLOYEE & HR UPDATE OF I-9 FORM**			
NEW NAME: First, M.I., Last		Office Use Only Certified I-9 completed <input type="checkbox"/> Documents provided <input type="checkbox"/> PERA form(s) updated <input type="checkbox"/>	
PREVIOUS NAME: First, M.I., Last			
**If a Name Change is being reported, employee must meet with an HR representative to update & certify the employee's I-9 Form as required by federal law. Proof of name change must be provided (Court order, marriage license, divorce decree, etc.).			
Do you need to update your emergency contact form? Yes <input type="checkbox"/> No <input type="checkbox"/>		Form Receive <input type="checkbox"/>	
PLEASE CHECK ALL BENEFIT PLANS IN WHICH YOU ARE ENROLLED:			
<input type="checkbox"/> Presbyterian Health <input type="checkbox"/> Delta Dental of NM <input type="checkbox"/> Davis Vison <input type="checkbox"/> P&A Flexible Spending <input type="checkbox"/> Basic Life		<input type="checkbox"/> Supplemental Life <input type="checkbox"/> Short Term Disability <input type="checkbox"/> Long Term Disability <input type="checkbox"/> Voluntary Benefits <input type="checkbox"/> Other _____	
Employee Signature X		Date	
Office Use Only Employer Signature: _____ Date: _____		Office Use Only	
ORIGINAL: BENEFIT FILE <input type="checkbox"/> <input type="checkbox"/> Personnel File <input type="checkbox"/> Presbyterian <input type="checkbox"/> Delta <input type="checkbox"/> Davis <input type="checkbox"/> BASIC <input type="checkbox"/> HARTFOR <input type="checkbox"/> Payroll			