



# WARTBURG COLLEGE

## ADDRESS or NAME CHANGE FORM

_____	_____	_____
First	Middle	Last
<b>New address</b>		<b>Old Address</b>
_____		_____
_____		_____
_____		_____

Phone \_\_\_\_\_

### Things you may need to do:

- Notify post office and bank
- Update direct deposit information (contact HR)
- Update tax forms (change in marital status)
- Update or change beneficiaries (contact HR)
- TIAA-CREF - call 800-842-2776
- Delta Dental - call 800-544-0718
- Drenkow flex account - call 352-1623
- First Insurance if you participate in the HSA

### Human Resources will update:

- Payroll records
- Wartburg Health Ins. company
- Wartburg Life Insurance company
- Your personal data for directory

### For Name Change Only

New Name: \_\_\_\_\_

- Indicate Reason for change:  Change in marital status (divorce - please provide court order and new social security card)
- Court order (please provide copy)
- Religious (please provide court order)
- Other (please specify)

\_\_\_\_\_

Signature Date

**Please return completed form to Human Resources in LH 203**