

## NOTIFICATION OF CHANGE IN PERSONAL INFORMATION

Please fill out the form below for the appropriate change. **You must bring this form with you to the CEC to complete the following forms.**

TRS members – TRS Membership Information Record form

IMRF members – Member Information Change Form

If covered under district's insurance program - Change Form for Group Health/Dental Plan

### PLEASE PRINT

Employee Name \_\_\_\_\_ ID# \_\_\_\_\_

Building \_\_\_\_\_ Position \_\_\_\_\_

Notification of change is for: Name \_\_\_\_\_ Address \_\_\_\_\_ Telephone \_\_\_\_\_

**If you have a name change, your e-mail will also be changed.**

### Please print new information below:

Name \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_

Effective Date \_\_\_\_\_ Signature \_\_\_\_\_

-----  
(For Crouse Education Center Use Only)

Received by Human Resources Department \_\_\_\_\_

Issued Badge (name change only) \_\_\_\_\_

Given to Comptroller \_\_\_\_\_ Date: \_\_\_\_\_