



Human Resource Services

Employee Address/Name Change Form

Employee Name _____ Date _____ Ext. _____

Social Security # _____ ID # _____ Dept. _____

Classification: Administrator; Classified; CAST; Faculty: F/T P/T; Retiree; Student; Temporary

New Name: _____
New social security card must be presented to Human Resource Services.

New Address:
Mailing Address: _____
All District correspondence, including W-2s and paychecks, will be sent to this address.

Home Address: same as above **or**: _____

New Phone Number(s):
Primary Phone Number (_____) _____ Home Cellular Local/Other
Alternate Phone Number (_____) _____ Home Cellular Local/Other

New Preferred Email Address: _____

Alert San Diego Emergency Notification System
Email Address: _____
Text Message* Number (_____) _____
**Standard messaging rates apply for text messages.*

Emergency Contact Information:
1st Contact _____ Relationship: _____ Phone (_____) _____
2nd Contact _____ Relationship: _____ Phone (_____) _____

Health Insurance Notification (for benefit eligible employees and retirees only)

Notify the following health insurance vendors of the above changes. Changes supersede previously submitted Enrollment Applications.

Kaiser, Medical Record #: _____ **OR** PPO/ Fringe Benefits Consortium
 125 Flexible Spending Plan/American Fidelity

X _____
Employee/Retiree Signature

OFFICE USE ONLY **OFFICE USE ONLY**
Benefits Specialist:
Send/fax changes to: 1. _____ CONSORTIUM FX: (858) 569-5086 2. _____ AMERICAN FIDELITY: (800) 522-6343