



CITY OF FRANKLIN, NEW HAMPSHIRE

FINANCE OFFICE
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EMPLOYEE NAME AND/OR ADDRESS CHANGE FORM

DATE:

EFFECTIVE DATE:

NAME:

DEPT:

NEW NAME:

Reason for Name Change:

copy of correct social security card required for change of name

PREVIOUS ADDRESS:

PHONE:

NEW ADDRESS:

PHONE:

EMPLOYEE SIGNATURE:

PROCESSED BY (Finance Personnel only):

**** THIS REQUEST GIVES PERMISSION FOR THE ABOVE CHANGES TO BE APPLIED TO THE FOLLOWING COMPANIES IN WHICH THE CITY CARRIES COVERAGE TO ITS EMPLOYEES. SHOULD A CHANGE OF BENEFICIARY BE INVOLVED PLEASE SEE DEBORAH KULACZ, FINANCE ASSISTANT FOR THE PROPER DOCUMENT. ****

____ DAVIS & TOWLE – BOSTON MUTUAL (AD&D, LIFE INSURANCE, STD)

____ DAVIS & TOWLE – MUTUAL OF OMAHA (LTD)

____ NHIT medical, Assurant, dental, &/or Benefit Strategies, flexible benefits

____ NHRS - NEW HAMPSHIRE RETIREMENT SYSTEM

Franklin - The Three Rivers City